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ABSTRACT

The manual presents policy and procedural information drawn from early intervention programs for handicapped infants and young children. Materials are based on the Infant Development Center (IDC) in South Portland, Maine, a state program for handicapped children from birth to 5 years old, and on the Washington County Children's Program (WCCP), a nonprofit home-based early intervention program for young children with special needs. The IDC materials address the following client policies: referrals, initial home visit, services, program planning, inactivation and followup, and recordkeeping. Additional statements are presented for policies dealing with staff, parent groups, the advisory board, general procedures, and public information. WCCP materials focus on such aspects as the project's governing body, personnel (including policies and job descriptions), direct services, and financial information. Sample forms of both projects are included. (CL)

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POLICIES AND PROCEDURES MANUAL

Washington County Children's Program
Outreach Project Machias, Maine

JUNE81

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Washington County Children's Program

Outreach Project

POLICIES AND PROCEDURES MANUAL

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ED151927

INTRODUCTION

"Policies and procedures" — dull, dry and boring. Right?

The ideas for this manual came, in part, from my experiences for five years as director of a program for young handicapped children and their families. From the beginning my main interests were with the "human" side of things - the staff, the children, their parents, the members of the larger community.

My major interest continues to be in people. People like me, and maybe you, too, need a lot of help in buckling down to the fine points of administering a service program. As the program settles into the community and the staff settles into the program, there will come a time when you need regulations, rules, and a basis for making decisions.

We have tried to design a manual that would have been helpful to someone like me when I was getting started. Our "Ideal" Table of Contents is an attempt to include those items which are necessary in administering a program.

The first set of materials is from the Infant Development Center in South Portland, Maine. This program is administered through a state agency, the Bureau of Mental Retardation. Most of the items listed in our "Ideal" Table of Contents have been developed by the IDC and we consider their policies and procedures manual to be close to the ideal.

The second set of materials are from the Washington County Children's Program, the program with which I have gained my experience in these matters. We consider these samples to be the "bare bones" — those items which are absolutely essential.

We hope these materials prove helpful to you. If they make the nitty-gritty of your job go more smoothly, so that you can devote as much energy as possible to children, families and staff, we will be well pleased.

Cheers,

Jane Weil

Jane Weil
Outreach Project Director

POLICIES AND PROCEDURES MANUAL

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Introduction

I. Our "Ideal" Table of Contents

II. Overview of Infant Development Center (state program)

III. IDC Materials (blue)

Sample Record-Keeping Forms (white)

IV. Overview of Washington County Children's Program (non-profit board)

V. WCCP Materials (yellow)

Sample Record-Keeping Forms (white)

Policies & Procedures Manual

*"Ideal" Table of Contents

Section I:	Public Information
Section II:	Philosophy Statement
Section III:	Information on Governing Body
	A. By-Laws
	B. Organizational Chart
Section IV:	Personnel
	A. Personnel Policies
	B. Job Descriptions
Section V:	Direct Services
	Record-Keeping Forms
Section VI:	Financial**
	Record-Keeping Forms

Other Possible Sections:

Overview of Umbrella Agency
Description of Advisory Board
Fund Raising Policies
Volunteers
Coordination - Inter-Agency Agreements
Parent Groups

*A Policies and Procedures Manual should be useful to a program director, staff, board members and financial officers. In our view, a manual organized according to this Table of Contents would be ideal.

At the same time, we recognize the "ideal" is not often possible for a program on its first day of operation. However, as these are all issues which will arise, a program should be working to develop such a manual.

**You may want to consider your program's need for a contractual-consultation agreement format.

OVERVIEW OF THE INFANT DEVELOPMENT CENTER

The Infant Development Center is an early intervention program for infants and children from birth to 5 years of age. It is part of the Bureau of Mental Retardation, which is a bureau of the Maine Department of Mental Health and Mental Retardation.

Because the IDC is part of a state department, some of its policies and procedures are dictated by that department. However, as the only program of its type within Maine State government, it is something of a model. For this reason, there are many policies and procedures which the IDC staff, with its Advisory Board, have needed to develop over the years. These are the forms we have included as samples.

INFANT DEVELOPMENT CENTER

Policy & Procedure Manual*

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*Some sections of the IDC manual are not available or are still being developed. Those missing sections are denoted by a plus sign (+).

**Sample record-keeping forms related to clients are found in Section II.F.

INFANT DEVELOPMENT CENTER

SECTION I - PHILOSOPHY

The Infant Development Center's program is based on the philosophy that early intervention (newborn - 5 years) helps a child with developmental delays or potential delays achieve the maximum level of performance. Each of these children should be given the opportunity to be involved in a program as soon as a developmental problem has been identified. Intervention should occur primarily in the home setting through the combined efforts of the family and professionals.

SECTION II - CLIENT POLICIES

A. Referrals

Purpose: To provide an identification system which is easily accessible to families and the community.

To provide a documentation procedure which leads to a systematic and prompt response to the request for services.

Procedure: Referrals are accepted on any child, birth to 5 years, suspected of developmental delay from York or Cumberland County.

Referrals are accepted from parents, individuals, physicians or agencies concerned with the child. If it is an agency, physician or individual referral, it is expected that the referral be discussed with the family before I.D.C. makes the initial contact.

Initial contact will be made to the family three days after referral is received.

Referral forms may be completed by any staff member, primarily the secretary. It is then logged by the secretary and given to the Outreach Coordinator to determine who makes the initial contact and home visit.

B. Initial Home Visits

Purpose: To assess the needs of the family for services.

To familiarize the parents with the services offered by I.D.C.

To discuss with the parents concerns for the child and their expectations of the program.

To observe the child in skill levels and administer Denver Developmental Screening Test.

Completion of the applicant's history and appropriate permission forms when services from I.D.C. are needed.

Procedure: An initial home visit is set up within ten days after the initial contact to the family by I.D.C.

A narrative report of visit is then placed in the child's file. This report includes parent's concerns, birth history, developmental skill levels of the child and recommendations for services.

The initial home visits are primarily done by the case worker, who is responsible for filing report.

There are cases where a second visit may need to be scheduled in order to further assess the needs of the family and child. The narrative report is then written after this second visit.

C. Services

1. Home Based Programs

Purposes: To help parents of children with delays to set up and carry out a developmental program.

To provide information to parents about resources available to them in order to allow them to plan for their child's future.

To provide early intervention to assure that the child has an opportunity to develop to his/her potential.

Procedure: 1. A child receives a home program when it meets the needs of the child in the family.

2. Primary person has a child with which they make scheduled home visits to where the child is being taken care of, with intent to work with parent or guardian and child.

3. Each child on a home program has a specific program with recorded goals and objectives.

4. Frequency of visits is determined by needs of parent and child - average number of visits is weekly.

2. Center Based Programs

a. Developmental Classes

Purpose: To provide an interim program for children from 18 months - 5 years of age who need socialization, help in developmental areas and when home environment does not allow the program to take place.

Procedure: 1. The Educational Specialist is responsible for organizing and supervising developmental classes. He/she will be assisted by work study students, parent/volunteers, foster grandparents, and/or CETA staff, and an assistant.

2. Educational Specialist is responsible for notifying parents and/or other child caretakers about cancellation of classes, field activities and other activities pertaining to classroom.

3. A child is enrolled in developmental classes by the primary person after he or she has explored all other possible placement in pre-school programs. If an appropriate opening is available the child is placed in classroom. If no placement is available the child will be placed on a waiting list until such time as an appropriate opening occurs. The Education Specialist is responsible for this waiting list. When the child is enrolled, permission forms and an information sheet should be completed.

4. The child will attend developmental classes 2x a week.

5. While attending developmental classes the primary person maintains modified home program, retains responsibility along with Education Specialist to find outside placement for the child, and in keeping records. The child's Activity Sheet listing goals and objectives will be reviewed by the classroom staff monthly, and placed in his/her file.

6. After a period of approximately six weeks of attending class, the Primary Person, Education Specialist and the parents of the child will meet to discuss progress and goals for their child, and will also give the parents the opportunity to tell us what their goals are for their child. The purpose of this meeting is to familiarize and reassure the parents/caretakers. The Primary Person is responsible for setting up this meeting.

7. Transportation will be done by parents when possible. When no other resources are available it will be done by classroom staff and responsibility for arranging it lies with the Primary Person.

b. Playgroups

Purpose: Playgroups are offered to I.D.C. clients as a means of learning through socialization and play. The Educational Aide is responsible for organizing and supervising these groups 2 afternoons a week.

Procedure: Any child considered for participation in the playgroup should be discussed with the Educational Aide prior to attendance.

c. Therapy

Purpose: To provide ongoing direct therapy in the areas of Speech and Language Therapy, Physical Therapy and Occupational Therapy.

Procedure: When evaluation indicates that ongoing therapy is appropriate, staff members will assist parents in obtaining these services.

Due to the limited availability of therapists time, ongoing therapy cannot be provided on a regular basis through I.D.C.

All other community resources should be explored prior to considering therapy at the Center. If it cannot be obtained through another agency or a private therapist it may be provided at the Center.

Each case is evaluated individually by the child's Primary Person and the individual therapist, based on need and availability of therapist's time.

d. Child Care Services

Purpose: Child Care Services are offered to reduce the problems often encountered in finding someone to care for a child with special needs/and or siblings of their family.

Procedure: 1. This is offered by I.D.C. clients on a short term basis only and must be prearranged. Prior notice is expected unless it is an emergency situation. It is carried out by a C.E.T.A. worker under the supervision of the Education Specialist. The inclusion of these children in the classroom is at the teacher's discretion.

2. Babysitting will be provided during the hours of 10:00 a.m. to 4:00 p.m.

3. Family Support Therapy

Purpose: To provide short term intervention in the area of mental health to the families and children of the Infant Development Center.

Procedure: A referral to the Family Support Specialist may come directly from the client, through the primary person working with the family or the staff member making the initial home visit if it is a new client.

The services may vary from one time crisis phone calls to several visits in the client's home, depending on the consultants assessment of the families needs.

If a need for ongoing supportive mental health services is identified the Family Support Specialist will assist the family in identifying appropriate services and in making the initial contacts if warranted.

4. Assistance to Other Agencies

Purpose: To improve the quality of services being provided to young developmentally delayed children by sharing information, and by closely coordinating services with other agencies serving families and young children.

Procedure: With parents permission, evaluations and individual program suggestions in the areas of Speech/Language, Occupational Therapy, Physical Therapy, Psychological and Educational, may be provided for preschool programs who do not have those services.

Follow up consultations to assist in carrying out program recommendations will be done if requested by the referring agency.

Inservice training may be provided to agencies to address a specific program area or to provide an overview of I.D.C. services and philosophy.

When possible I.D.C. therapists serve as members of multi-disciplinary evaluation teams within other community agencies.

When appropriate, staff members of other community agencies are invited to attend I.D.C. inservice training programs.

D. Program Planning

1. Intake Conference

Purpose: To review all available information on each child referred.

To assess the need for I.D.C. services.

To assign a Primary Person.

To make initial consultation and/or program recommendations.

Procedure: An intake conference will be held weekly. The Director, Program Coordinator, Outreach Coordinator, Social Worker and any additional staff member who has seen the child make up the intake team.

All available information concerning the child is reviewed. This should include social history, screening results, and a brief description of the concerns and services being requested by the family and any agency presently serving the child.

If I.D.C. services are not determined to be appropriate an attempt will be made to identify a more appropriate resource for the parents and/or referral source.

A Primary Person will be assigned to the family.

The child will be placed on the waiting list for any appropriate evaluations and/or consultations.

The Program Coordinator is responsible for completing the Intake Summary and distributing copies to staff members who will be responsible for carrying out any recommendations made.

2. Consultation

Purpose: To screen and identify children who need a comprehensive evaluation.

To provide interim program suggestions until complete evaluation may be done.

To provide program review and updates between evaluations.

Procedure: Consultations are provided by the Speech Therapist, Occupational Therapist, Physical Therapist, Educational Specialist and Psychologist.

They may be requested by the Primary Person, or the child's family as the need arises or may be scheduled on a regular basis to provide ongoing progress reviews and program updates.

Consultations may be scheduled at the Center or in the home.

Consultations usually involve one visit by a single therapist. Observations and recommendations are discussed at the time of the consultation with a written report being sent out later. A parent conference is not scheduled following the consultation although a second visit may be planned when appropriate.

3. Evaluation

Purpose: To describe the quality of performance to distinguish a delay from a disorder.

To develop individualized program recommendations.

To document the need for therapeutic intervention.

Procedure: Evaluations are provided in the areas of occupational and physical therapy, speech therapy, education and psychology.

A parent conference is scheduled two weeks following the evaluation to review findings and develop a program plan. The conference includes parents, evaluators, primary person, program coordinator and when possible representatives from other agencies involved with the child.

The Program Coordinator is responsible for chairing the parent conference, completing the Conference Report/Program Plan and mailing copies of this with the evaluation to all collateral contacts. Parents will receive a copy of the report at the time of the conference.

Evaluations and parent conferences are scheduled by the secretary at the request of the Primary Person. If a parent conference is not to be scheduled or if the Primary Person wants to review the evaluations with the parents before the conference this should be indicated to the secretary when the evaluation is requested. If the reports are to be reviewed with the parents first, three weeks should be allowed between the evaluation and the conference.

4. Developmental Assessment+

5. Case Conferences

Purpose: To provide a learning experience for staff members by sharing ideas about working with a particular child.

To provide the primary person with input from staff not involved with the child on a regular basis.

To review the status of the case and re-evaluate program needs.

Procedure: Case conferences will be held once a month at the weekly staff meeting.

Any staff member who has been involved with the child or his family should be prepared to discuss their involvement.

Case conferences may occur at the request of the Primary Person or the Management Team.

The Primary Person is responsible for completing the Conference Report form and placing it in the child's folder.

E. Inactivation - Follow-up

Purpose: 1. To specify a case no longer receiving services from I.D.C. for the following reasons:

a. Other program filling needs
b. Parents do not want services
c. Evaluation needs only
d. Moved out of catchment area
e. Death

2. To provide specific follow-up procedures on child.

Procedure: The primary person is responsible for filling out the Inactive form and advising the parents to make contact with I.D.C. if services are needed at a later time. If parent does not contact I.D.C., it is advised that the primary person contact the parent three months after inactivating.

The secretary removes the card from roladex and places child's records in inactive file.

Time Frames: Inactive report is filled out one week after inactivating child. Three months after inactivating contact should be made with parent to see how child is doing. A note of conversation should be added under follow-up.

F. Record Keeping (See sample forms at end of section.)

Purpose: to have a concise ongoing record on each child.

Responsibility for setting up file, sending for records, filing reports, and logging incoming reports is that of the secretaries.

Primary person is responsible for ongoing progress reports and chronological summary.

Program Coordinator is responsible for intake conferences and team conference reports.

Form: I.D.C. Center Log

Purpose:

To have statistical information
To cross check records, cardex, etc.
To assess time frames of cases

When new referral comes in, secretary adds name, D.O.B., address, referred by and date, problems or reason for referral to log.

Initial home visit and date, date of intake conference, primary person assigned to case, type of program, and any comments will be filled in at Intake Conference.

When a case is inactivated, red star is put in column next to child's name.

Form: Referral

Purpose:

To provide an identification system which is easily accessible to families and the community.
To provide a documentation procedure which leads to a systematic and prompt response to the request for services.

Procedure:

Referrals are accepted on any child, birth to 5 years, suspected of developmental delay from York or Cumberland County. Referrals are also accepted from Child Development Workers in Regions VI and V for evaluations and program assistance.

Referrals are accepted from parents, individuals, or agencies concerned with the child. If it is an agency referral, the agency is expected to discuss the referral with the family before we make the initial contact. Referral forms may be completed by any staff member, primarily the secretary.

It is logged (see copy) by the secretary and given to the Social Worker to determine who makes the initial home visit.

Form: Applicant History

Purpose:

To obtain record keeping information, medical information, developmental milestones in gross motor, speech and language and social/emotional development. To provide parent with the opportunity to state their concerns for their child and express their expectations of the Infant Development Center. Form to be completed by parent when possible or person making initial contact, within two weeks.

Forms: Authorization for Release of Information To I.D.C.
Authorization for Release of Clinical Information From I.D.C.

Purpose:

To ensure parental permission for services, as well as permission to obtain and provide information to collateral contacts. Parents should be involved in determining what services their child receives as well as distribution of their child's records.

Signed Release of Information forms are to be placed in typing box and secretary will send for appropriate records. If only updated records are being requested, be sure to note that.

Forms: Additional Consent
Photograph, Field Trip Permission

Purpose:

To ensure parental consent for any unusual activities i.e. photographs, field trips, etc. Forms should be signed by legal guardian prior to activity.

Form: Initial Home Visit Report

Purpose:

A. Assess need of services.
B. Familiarize parents with the program.
C. Discuss parents concerns for the child and their expectations of the program.
D. Completion of the appropriate permission forms (attached).
E. Observation of the child in skill levels.
F. Completion of Denver Developmental Screening Test as appropriate.

A narrative report of the visit is then placed in the child's file.

Initial home visits are primarily done by the case worker, who is responsible for filing the report.

Initial contact and home visit will be done within ten days whenever possible.

Form: Intake Summary Sheet

Purpose:

- To record results of intake conference which is held to determine the need for I.D.C. services for each child referred, to assess all available information, and assign primary person.
- Attendance: Director, Program Coordinators, Social Worker, any additional staff member seeing child.
- Referral history given (name, address, D.O.B., referral date, initial visit date (who made it), referral source, reason for referral, attendants at Intake Conference, date of Intake entered in log, brief social history.
- Intake results reported at staff conference.
- Intake report form completed by Program Coordinator.
- Persons to receive copies of report to be noted at botton of report, such as referral agent, parent, etc.
- Intake conferences will be held whenever possible within three weeks of referral.

Form: Chronological Summary of Activity Sheet

Purpose:

To provide a brief chronological history of activities and/or contacts from initial referral through inactivation of child. Any staff person interacting with a child is responsible for a brief notation at the time of occurence in the child's file.

Form: Correspondence received and sent

Purpose:

To keep a record of all requests for information*, date information received and any other correspondence. The secretary keeps this record.

*Form letter to be used for general request for information. When requesting only updated information, a specific letter should be sent in order to avoid duplication of past records.

Form: Conference Report/Program Plan

Purposes:

1. To develop and record a plan to be used by the parent and primary person when working with the child.
2. To share information between parents and staff on goals and objectives which are set up.
3. To review and update a child's developmental program.

The reponsibility for filling out the form lies with the chairperson of the Parent Conference. It is then the responsibility of the primary person to take the Conference Report/Program Plan to the parent for comments and signature. This form is then placed in the file.

Form: Conference Report/Program Plan
(To be held the second Friday of every month.)

Purposes:

1. To be a learning experience for staff members by sharing ideas about working with particular children; to obtain new ideas from staff not already involved with child.
2. To review the status of a case in order to indicate need such as continuation of program or inactivating case.

When should someone have a case conference on a child?

1. If a staff member is considering inactivating a child and the child has been involved with the Center for at least three months.
2. Three months after a child has been referred to the Center.
3. Case conferencing on a child by recommendation of the primary person.

Form: Program Plan

Purposes:

1. To develop and record a plan to be used by the parent and primary person when working with the child.
2. To review and update a child's developmental program when there is no scheduled evaluation and parent conference.

The Primary Person is responsible for filling out the program plan. This form is used when updating the child's plan every six months or when a formal parent conference has not been scheduled for the child. The Program Plans and Conference Reports are placed in chronological order with Progress Notes and Evaluation/Consultation Reports.

Form: Progress Notes

Purposes:

1. To provide narrative recordings of significant case events in a chronological way.
2. To serve as a narrative summary for progress on the program plan.

These progress notes are to be kept by the primary person on a monthly basis.

The Progress Notes are placed in chronological order with Evaluation/ Consultation Reports, Program Plans and Conference Reports.

Form: Developmental Assessment Report (not included as sample)

Purpose:

1. To assess a child's level of development.
2. To obtain as much information as possible prior to making recommendations.
3. To suggest specific activities that will assist the primary person, child's family, and/or other agencies in making program decisions that are the most suited to the child's needs.

Procedure:

Developmental Assessments are scheduled by the Program Coordinator and consist of testing and/or observations done by two or more of the following disciplines: Physical Therapist, Occupational Therapist, Speech Therapist, Education Specialist, and Psychologist. Skill areas included in the assessment may be gross motor, sensory motor, fine motor, perceptual, self-help, communication, and conceptual.

The format of the report will include:

I. Background Information
II. Medical and Developmental Information
III. Gross Motor
IV. Sensory Motor
V. Fine Motor & Perceptual Skills
VI. Self-Help Area
VII. Social and Behavioral Skills
VIII. Communications Skills
IX. Concept Development & Learning Skills
X. Summary
XI. Recommendations
XII. Program Suggestions

The report is filled out by one of the team members.

Form: Therapy Consultation Report Worksheet

Purpose:

1. To provide program suggestions prior to evaluation, or instead of.
2. To establish need for an evaluation.
3. To set up a time for reviewing intervention techniques and handling.

Format of report will include:

Comments including reason for consultation.
Observations
Recommendations
Program suggestions
Report to be filled out by the consultant.

Form: Inactive Report

Purpose:

1. To specify a case no longer receiving services from I.D.C. for the following reasons:

   a. Other program filling needs
   b. Parents do not want services
   c. Evaluation needs only
   d. Moved out of catchment area
   e. Death
2. To provide specific follow-up procedures on child.
3. To remove card from roladex and place child's records in inactive file.

The primary person is responsible for filling out the form and advising the parents to make contact with I.D.C. if services are needed at a later time. If parent does not contact I.D.C., it is advised that the primary person contact the parent three months after inactivating.

Time Frames:

Inactive report is filled out one week after inactivating child. Three months after inactivating contact should be made with parent to see how child is doing. A note of conversation should be added under follow-up.

INFANT DEVELOPMENT CENTER LOG

MONTH

Name of Child	DOB	Address	Referred by: Date	Initial Home Visit Date:	Problems or reason for referral	Evaluation Primary Person	Intake	Type of Program	Comments:

REFERRAL FORM

INFANT DEVELOPMENT CENTER
629 Westbrook Street
South Portland, Maine 04106
773-2928

Date: _____

Name of Child _____ Birthdate _____

Parents Name and Address _____ Telephone _____

_____

_____

Brief description of problem or reason for referral, agencies serving the child
(use back of form for additional information)

_____

_____

_____

_____

_____ Parent is aware of this referral

_____ Parent will contact us

_____ Parent wishes to be contacted

_____ Referring Agent wishes to be contacted

Referring Agent _____

Address and Phone _____

_____

Relationship to Client _____

Form completed by _____

Please use back to write directions to the home or attach herewith

INFANT DEVELOPMENT CENTER
APPLICANT'S HISTORY

Name:_____D.O.B._____Age:_____

Sex:_____Foster child/adopted:_____Social Security #_____

Legal Address:_____
(Street) (Town) (Zip) (County)

Mailing Address:_____
(Street) (Town) (Zip)

- FAMILY -

Mother's name:_____Phone:_____

Address:_____

Place of employment_____Phone:_____

Father's Name:_____Phone:_____

Address:_____

Place of employment:_____Phone:_____

Brothers and Sisters in order of birth with birthdates and any problems:

_____

_____

_____

_____

_____

- HEALTH INFORMATION -

Child's Physician:_____

Date of last medical exam:_____Dental Exam:_____

List any medications the child is presently taking and any side effects you have observed:

_____

_____

Are immunizations up to date:_____

Applicant's History:

Hospitalizations/Emergency room care: (please give dates, hospital and reason for visit)

_____

_____

_____

_____

_____

_____

- PHYSICAL DEVELOPMENT -

Does your child: hold his head up_____crawl_____sit alone_____stand_____

walk_____feed self: fingers/spoon_____drink from cup_____

Is your child toilet trained: bladder_____bowel_____

Does your child have adequate balance_____coordination_____grasp_____

chewing/swallowing_____

- SPEECH/LANGUAGE DEVELOPMENT -

Does your child: respond to sounds_____respond to speech_____babble_____

use jargon_____vocalize for pleasure_____use gestures_____

imitate speech_____use words_____use short phrases_____

use complete sentences_____follow simple directions_____

Did your child begin babbling/talking and then stop?_____

Describe the reaction of family/peers to your child's speech_____

_____

Is your child aware of his speech problem?_____

Does his/her hearing appear adequate_____Does it vary?_____

Applicant's History

- SOCIAL/EMOTIONAL DEVELOPMENT -

Describe your child's: Favorite toy/activity_____

_____

_____

Interaction with adults:_____

_____

_____

Interaction with children:_____

_____

_____

Attention span:_____

_____

_____

Response to discipline/limits:_____

_____

_____

Any unusual behaviors:_____

_____

_____

Who cares for your child: Days_____Nights_____

Is he/she enrolled in daycare or preschool program?_____
(Name of program)

List any special tests or evaluations your child has had:_____

_____

_____

Please list any other agencies currently seeing your child:_____

_____

Applicant's History

- FAMILY"S GOALS -

What changes in your child's behavior/development would you like to see occur?

_____

_____

_____

_____

_____

How can we help you make these changes?_____

_____

_____

_____

_____

_____

_____

Date:_____ Person completing form_____

Relationship to child_____

AUTHORIZATION FOR RELEASE OF
CLINICAL INFORMATION FROM
INFANT DEVELOPMENT CENTER

I, _____, do hereby request and authorize the Infant Development Center to furnish _____ with an abstract or such information from the records as is necessary for the purpose of: _____.

I do hereby release Infant Development Center from all liability and all claims pertaining to disclosure of this information. It is understood that this information is confidential and is authorized to be furnished only for the purpose stated above and is to be used for no other purpose and by no person or agency other than the one(s) stated in this consent form.

The purpose of this consent form and the intended use of information obtained under it have been explained to me by _____.

Comments: _____

_____

_____

_____

_____ _____
(Date) (Signature of parent or guardian)

_____
(Specify Relationship)

_____ _____
(Date) (Witnessed by)

AUTHORIZATION FOR RELEASE OF INFORMATION
TO INFANT DEVELOPMENT CENTER

I, _____ do hereby request and authorize any hospital, physician, or agency who has attended _____ to disclose to the Infant Development Center upon request any and all information with respect to any illness or injury, medical history, consultation, prescription or treatment, and copies of all hospital or medical records.

I do hereby release any hospital, agency, and/or attending physician(s) from all liability and all claims pertaining to disclosure of this information.

A photostatic copy of this authorization shall be considered as effective and valid as the original.

I understand the purpose for this consent form and understand that any information obtained by the Infant Development Center will be used only in connection with services rendered to _____ at the Infant Development Center.

Please list any clinics, hospitals, agencies, or physicians who have seen this child and who you would like us to contact for records or information.

_____ _____

_____ _____

_____ _____

_____ _____

_____ _____

_____ _____

_____ _____
(Date) (Signature of parent or guardian)

_____ _____
(Witness) (Specify relationship)

Date_____

Infant Development Center
629 Westbrook Street
South Portland, Maine 04106

_____ has my permission to accompany the Center staff on all field trips (you will be notified in advance).

Signed

_____

PERMISSION FOR PHOTOGRAPH(S)

TO INFANT DEVELOPMENT CENTER

Date: _____

I, _____, hereby give permission for

_____ (relationship), _____ (name)

to be photographed while engaging in the Infant Development Center Program; either individually or in group; with photographs to be used for the purpose of informing the public of the activities at the Infant Development Center.

Signed: _____

_____

_____

INFANT DEVELOPMENT CENTER
629 Westbrook Street
South Portland, Maine 04106
Telephone 773-2928

I GIVE PERMISSION to the Director of the Infant Development Center to have qualified staff members provide services to _____ _____. These services may include home visits, center based programs, therapist consultations, and/or evaluations.

The general nature of these procedures has been explained to me by _____.

Date:_____ _____
(signature of parent or guardian)

Witness:_____ _____
(specify relationship)

INFANT DEVELOPMENT CENTER

NAME _____ D.O.B. _____

ıte ___

Initial Home Visit Report

INFANT DEVELOPMENT CENTER
629 Westbrook Street
South Portland, Maine 04106
Telephone 773-2928

INTAKE SUMMARY

Name:

Referral Date:

D.O.B.:

Referral Source:

Parents:

Address:

Address:

Phone:

Reason for Referral:

Initial Home Visit:

By:

Intake Conference:

Present:

Recommendations:

Primary Person:

Collateral Contacts:

Name:
DOB:

Infant Development Center
Chronological Summary of Activity

Activity	Staff	Date	Activity	Staff

Infant Development Center
Correspondence Received & Sent

Sent to	Received from	Date	Type

INFANT DEVELOPMENT CENTER
CONFERENCE REPORT - PROGRAM PLAN

aference Date: Name:

imary Person: D.O.B.: Physician:

rticipants:

ALS:

ments:

pe of Program: Review Date:

cents Signature:

py of reports to:

INFANT DEVELOPMENT CENTER
629 Westbrook Street
South Portland, Maine 04106
Telephone 773-2928

PROGRAM PLAN

Name of Child: _____

BD: _____

Parent/Guardian: _____

Primary Person:

Home Program/Center Program (circle)

Contacts:

Latest Evaluation:

State briefly goals in the following areas:

1. Parent Information:

2. Self-Help Skills:

3. Fine Motor Skills:

4. Gross Motor Skills:

5. Speech/Language:

6. Pre-academic Skills:

7. Socialization (Interaction with other children)

_____
Parent Signature

INFANT DEVELOPMENT CENTER

NAME _____ D.O.B. _____

Date	Progress Note

DATE

INFANT DEVELOPMENT CENTER

INACTIVE REPORT

CHILD"S NAME _____ D.O.B. _____

DATE & REASON FOR REFERRAL:

BRIEF DESCRIPTION OF:

A. TYPE OF PROGRAM CHILD RECEIVED:

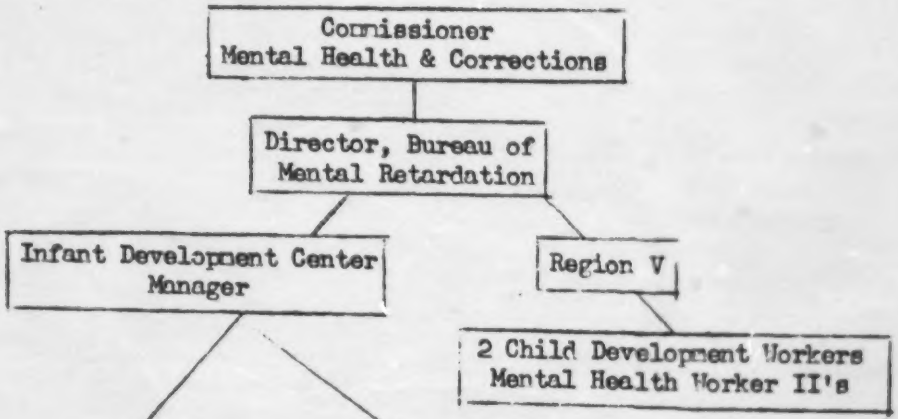
B. REASON FOR INACTIVATING:

C. INFORMATION GIVEN TO PARENT WHEN INACTIVATING CHILD:

D. FOLLOW-UP

SECTION III - STAFF POLICIES

A. Organizational Chart



Mental Health Worker (MHW) IV

Mental Health Worker (MHW) III

Occupational Therapist II

Physical Therapist II

Educational Specialist I

Custodial Worker II

Clerk Typist II

2 CETA Teacher Aides

2 Foster Grandparents

4 Work Study Students

Grant Staff

Mental Health Worker (MHW) IV -
Grant Coordinator

Speech Therapist I

2 C.D.W.'s - MHW II's

½ Clerk Typist II

Consulting Psychologist

B. List of Current Personnel

I.D.C. Job Descriptions	State Classification
Center Director	Developmental Disabilities Community Center Manager
Outreach Coordinator	Mental Retardation Services Coordinator
Program Coordinator	Mental Health Worker IV
Special Education Coordinator	Education Specialist I
Social Worker	M.R. Caseworker
Child Development Worker	M.R. Child Development Worker
Physical Therapist	Physical Therapist II
Occupational Therapist	Occupational Therapist II
Speech Therapist	Speech Pathologist I
Family Support Specialist (contractual)	
Psychologist (contractual)	
Education Aide	Teacher Aide I
Secretary	Clerk Stenographer III, Clerk Typist II
Custodian	Custodial Worker I

C. Job Descriptions

Director of Infant Development Center

Classification: Developmental Disabilities Center Manager

Role: Responsible for overall administration of Center, setting goals and objectives; staffing; developing budget and grant sources; coordinating services with other public and private agencies.

1. Defines goals/training objectives/monitors policy/procedures to carry out objectives based on analysis of program needs and knowledge of program; plans/directs/supervises performance of professional staff.

2. Reviews case records, asks questions of subordinates; discusses problems and possible solution in case; suggests alternative plans of action based on knowledge of human problems, available service resources, and the specific worker's capacity to provide services.

3. Evaluates/assesses client outcomes, procedures, costs/benefits, status of equipment, speaking with staff/client when necessary.

4. Determines funding sources, gathers/compiles information about budget/supplies/equipment; outlines needs, program goals, service delivery mechanisms, requirements.

5. Furnishes/exchanges information with Bureau Director/Commissioner, collects/arranges personal services expenditures/information on appropriation spending.

Outreach Coordinator

Role: Provides supervision and coordination of home based and outreach programs.

1. Acts as member of Management Team (Responsibilities are outlined in Management Team guidelines).

2. Investigate funding sources and volunteer personnel to expand Satellite Centers, including the development of parent directed play groups.

3. Act as supervisor for Caseworker and Child Development Workers. This includes: 1) assignment of initial home visits; 2) assignment of cases; 3) maintaining waiting list for home programs when necessary; 4) acting as chairperson for weekly C.D.W. meetings.

4. Act (with other I.D.C. personnel) as liaison to community agencies.

5. Coordinate and monitor parent support groups. Act as a resource person for parent groups in the development of community workshops.

6. Coordinate Satellite Center activities including development of contracts and scheduling of activities.

7. Responsible for record keeping and writing reports for grants to Satellite Centers.

8. Attend weekly staff meetings and inservice training.

9. Responsible for printing and distribution of I.D.C. Newsletter.

Program Coordinator

Role: To coordinate and maintain smooth operational procedures throughout the Center.

1. Acting Director in Director's absence. Responsible for day-to-day administrative functions.

2. As a member of the EMT, be responsible for those tasks as outlined in job description of EMT.

3. Responsible for chairing parent conferences; gather and distribute evaluation reports.

4. Chair intake conference, prepare and distribute reports. Follow-up on evaluation recommendations as stated in intake summary.

5. Organize and implement program ideas of staff and EMT for in-service training and work week.

6. Prepare agenda for staff meetings and Chair.

7. Supervision of Domestic, Clerical and Consultants, and therapists.

8. Maintain limited caseload (no more than 5).

Special Education Consultant

Role: To serve as a consultant for educational programs for children receiving I.D.C. services.

1. As a member of the Executive Management Team, will follow responsibilities as outlined by EMT guidelines.

2. Organize developmental classes which are held four times a week.

3. Supervise classroom staff.

4. Be aware of other pre-school programs and openings they have for developmentally delayed children.

5. Act as primary person for a limited caseload of classroom children to coordinate center-based program with home program.

6. Supervise recordkeeping on children in the classroom.

7. Complete educational evaluations and reports. Participate in related parent conference and P.E.T.'s when necessary.

8. Consult with Child Development Workers, parents and other pre-school agencies for program planning.

9. Participate in weekly staff meetings.

Social Worker

Role: To carry out an effective and comprehensive intake procedure, to ensure most effective program is initiated.

1. Works closely with C.D.W.'s as part of Outreach Team.

2. Be responsible for intake procedure of all new referrals.

3. Be responsible for linking and referring children not to receive direct services thru I.D.C., and act as primary person for children.

4. Function as community resource person in areas such as SSI, health care issues, AFDC, etc. to families and staff.

5. Attend weekly staff meetings.

6. Meet with the C.D.W.'s routinely every other month for professional development.

Child Development Worker

Role: To facilitate and maintain a home-based program for children.

1. Identify children with special needs.

2. Will work with individual children with developmental delays, birth to 5 years.

3. Will work with individual parents and families (modeling, education).

4. Will act as advocate and referral agent for the child and family with other agencies e.g. Speech and Hearing, Counseling, Pre-Schools, Day Care, Public School.

5. Will act as a liaison between the Infant Development Center and home.

6. Make follow-up visits to the home and other agencies to insure that all needs are being met.

7. Keep individual case records on each child.

8. Establish and support (integrating with other parents groups participating in Infant Development Center Parent Group, etc.) Satellite Parent Groups and Infant Development Center Parent Group.

9. Advocate for programs which do not exist in communities for young children with developmental delays.

10. Develops program plan with other professionals regarding evaluations, follow-up and home program.

11. Attend and participate in weekly staff meetings and in-services at the Infant Development Center.

12. Participates in parent conferences.

Occupational Therapist
Physical Therapist
Speech Therapist

Role: To serve as consultant/primary person to children involved with I.D.C. requiring specialized services.

1. Act as primary person for a limited caseload.

2. Ongoing consultation to the Infant Development Center based staff in both general and individual program development and implementation.

3. Complete evaluations and reports. Participate in related parent conferences and P.E.T. meetings.

4. Provide consultations to Child Development Workers,(I.D.C. and B.M.R. regions IV and VI), parents and other pre-school programs.

5. Provide direct therapy in cases of exceptional need, when there is no other source available.

6. Provide in-service training in related areas.

7. Attend weekly staff meetings.

O.T. All of the above and the following addition to item #1:

a. for children who primarily require occupational therapy services.

P.T. All of the above and the following addition to item #1:

a. for children who primarily require physical therapy services.

S.T. All of the above and the following addition to item #1:

a. for children who primarily require speech therapy services.

Screen children who require intensive therapy and coordinate services, for those children with clinics or schools.

Family Support Specialist

Role: To provide supportive mental health services to the families of the Infant Development Center and act as a Consultant to staff.

The functions of the consultant will be to:

1. Consult with staff on referrals and become familiar with important historical background.

2. Make home visits, assess family needs, maintain caseload.

3. Develop appropriate program, implement, monitor progress, evaluate results and plan for change.

4. Write reports and provide information to appropriate staff.

5. Consult with parent support groups - work closely with Program Coordinator in assuring on-going, constructive support mechanisms.

6. Be well-informed of current resources in the community which could address the mental health needs of the Infant Development Center population.

7. Make referrals when necessary and try to establish working relationships with personnel from other agencies.

8. Engage in follow-up and long-range needs of clients.

9. Attend training sessions which address current issues of mental health.

10. Assist in other areas as identified by the Director of the Infant Development Center.

Work with Staff in areas of:

- Identifying and recognizing mental health issues.

- Dealing with varied levels of intervention into mental health issues of clients.

- Evaluating each caseload to determine if and when a referral should be made.

- Consulting on particular case studies.

- Offering needed support to staff when morale is low.

- Coordinating learning experiences through other programs.

- Meet with Consulting Psychologist 2 times per month.

Psychologist

Role: To provide psychological assessments of the Infant Development Center families and consultation to staff.

1. Psychological Evaluation on children. Assess emotional stability of family.
2. Participate in parent conferences.
3. Coordinate case management with primary person.
4. Initiate and arrange conferences with appropriate primary staff after any evaluation or consultation. To be held no later than 2 weeks following evaluation.
5. Consult with schools and agencies involving psychological issues of families.
6. Reports on Psychological Evaluation completed in a timely fashion.
7. Provide regular consultation (2xmonth) to Family Support Specialist.
8. Provide short-term primary intervention to parents and/or families when necessary.
9. Meet with Manager quarterly.
10. Attend staff meetings when relates to psychological issues and/or upon specific requests of Program Coordinator or Manager.

Educational Aide

Role: To implement center-based educational program.

1. Develops daily activities which assists in teaching/training pre-school age developmentally delayed children in gross/fine motor skills, socialization/play skills and self-help skills.
2. Plans time schedule, space utilization and program for play therapy groups four afternoons/per week.
3. Implements specific programs designed by Educational Consultant and therapists for individual children in each group.
4. Responsible for developing Activities Sheet designed to meet classroom children individual needs.
5. Summarizes relevant data on each child and presents data to staff involved with the child's home program.
6. Keeps individual progress records on each child, participates in parent conferences as appropriate, to assist in development of program plan.

7. Assists in selecting and ordering educational materials for the classroom.

8. Supervises the children participating in the swimming program.

9. Maintains waiting list for classroom as designated by Education Consultant.

10. Attends and participates in staff meetings and in-service training at the Infant Development Center.

11. Directly responsible to Educational Consultant.

12. Responsible for Child Care Program.

Clerk Stenographer III
Clerk Typist II

Role: The purpose of this position is to provide clerical support to the Staff at the Infant Development Center that are tasked to provide early intervention linkage to meet the needs of clients in rural areas that are referred to these professionals.

1. Types case progress reports/transcribes standard form letters/letters of memorandum in answer to incoming correspondence of a routine nature, upon request of supervisor; in order to prepare correspondence for review and mailing/routing/receives, routes incoming calls to staff member requested by caller, eliciting information necessary to ascertain proper touting; in order to enable the caller to complete call.

2. Files individual case folders in alphabetical order in office files, using own knowledge of standard filing procedures; in order to maintain case files in a manner that allows ready reference and retrieval.

3. In charge of figuring and typing of time sheets, travel expense forms, vacation and sick leave status forms for Staff/ordering supplies for office and kitchen from Augusta/use copying machine and delivering mail to Maine Youth Center daily/greeting parents as they arrive at the Center.

4. Maintains bookkeeping, invoices, requisitions and receiving reports for supplies for I.D.C.

5. Schedules evaluations and parent conferences in conjunction with Program Coordinator.

6. Prepares children's files for schedule of evaluation and parent conference.

7. Attends and takes minutes of Advisory Board Meetings, transcribes and mails to board members.

8. Responsible for all other clerical workers.

Custodial Worker I

Role: To ensure sanitary conditions in the working environments.

Basic Duties:

1. Assisting with preparation of lunches for those of the children who have brought none.

2. Dishwashing - twice daily.

3. Preparation of coffee for Staff and visitors and evening meetings at I.D.C.

4. Washing soiled linen - usually three times weekly.

5. General cleaning - emptying wastebaskets, taking out trash, clean and disenfect bathrooms daily. Thorough cleaning once a week, i.e. mop floors, vacuum whole Center, dusting.

Other duties:

1. Ordering and delivery of food supplies from Maine Youth Center twice weekly and at I.D.C. through office (along with needed cleaning supplies and sundry items - once weekly).

2. Ordering of soap, paper towels, toilet paper, light bulbs, and pampers through office at I.D.C. - usually every 2 weeks.

Projects:

1. Ensure safe passageways and prevent unnecessary clutter.

2. Rotating basis be responsible for major cleaning projects.

Non-housekeeping duties:

1. Should both secretaries have to be away from the office, housekeeper may be asked to answer phone and handle reception of visitors and clients.

2. Should classroom "sitter" have to be away from her duties, housekeeper may be asked to assist (temporarily).

3. Meets monthly with progran coordinator.

SECTION IV - PARENT GROUPS

The purpose of parent groups is to provide a support for families with young children by facilitating family growth and stability.

A. Main parent group

- Membership consists of all parents interested in young children
- Held the third Thursday of every month
- Provides guest speakers, training in behavior management, fund raising events, socialization, supporting projects for the Center (volunteering in renovation)
- New laws in regards to pre-school - inform parents
- President, Chairperson, Treasurer, Secretary, Newsletter Editor, elected each September
- Support for other parents

B. Satellite Parent Group

- Membership consists of parents interested in young children in the rural areas
- Held at least once a month
- Provide the rural towns with a support system for parents of young children
- Staff from I.D.C. works as a general support but groups are primarily initiated and run by themselves
- Makes Staff from I.D.C. and the outlying community aware of the needs in that particular area in regards to the pre-school

C. Newsletter

- Written by the parents
- Covers all the groups (main parent group and satellite Center groups)
- Comes out once a month
- Sent to anyone interested in young children

Parent Group -- Guidelines

Meeting the 3rd Thursday morning of every month

Officers: President
Program Chairman
Treasurer
Editor of Newsletter

All officers are elected at a monthly meeting by majority vote. This meeting to be held in September.

The duties of the elected officers are:

President

to run the business meetings in an organized manner and plan the agenda for meetings with the program chairman.

Program Chairman

to enlist the aid of parents and staff to plan topics and speakers for meetings, to plan the agenda with the president for meetings

Secretary

to keep a written record of the meetings and report on them during the business meetings, to send out all letters of correspondence that the majority feels necessary.

Treasurer

to take charge of the bank accounts that the group has and to pay all bills that the majority votes approved of.

Editor of Newsletter

to gather information from the other elected officers and compile a monthly newsletter, to make copies and mail out the newsletter with the help of the other parents.

Committees

telephone committee
membership committee

All members will help, whenever they feel it possible, on the committees.

telephone committee - will telephone members about meeting dates and arrange for any refreshments that are needed.

membership committee - will write a note of welcome followed by a phone call to all new or prospective members.

All officers will be elected for one year or if they choose may run again. In the event of a vacancy, a special election will be held.

General Guidelines

One meeting per month on the third Thursday morning of each month and at least six evening meetings per year will be held. This allows working parents to attend.

Babysitting will be provided by the Center for morning meetings and by the parent group treasury for evening meetings.

All parents, relatives and friends of children with special needs are welcome to join.

Dues

Dues shall be fifty cents per year - payable anytime during the year to the treasurer. Dues may change by a majority vote of the membership.

SECTION V - ADVISORY BOARD - BY-LAWS

The Advisory Board meets on first Tuesday of every month. Members are parents of developmentally disabled children, pediatricians, community representatives, and staff.

Duties of Advisory Board

Article I. Name
The name of the organization will be the Infant Development Center Advisory Board.

Article II. Purpose
It is the duty of the Advisory Board to advise the Director (Developmental Disabilities Case Manager) and his/her staff on the ongoing functions of the Agency.

Article III. Functions
The Advisory Board shall review the Agency policy, the duties and responsibilities of the Agency staff and formulate advice to the Director regarding major issues. The responsibility for the formation of policy and Agency administration resides directly in the hands of the Director, who is ultimately responsible to the Director of the Bureau of Mental Retardation and the Commissioner of Mental Health and Corrections.

Organization of Advisory Board

Article I. Membership

The Advisory Board shall be composed of no more than 15 members. There shall be no less than one and no more than two paid employees from the Agency staff itself. There shall also be no less than four members who are parents of children currently or previously enrolled in Agency programs. It is suggested that the remainder of the Advisory Board membership include persons from the following areas: business, medicine, rehabilitation specialities, education, human services administration, Bureau of Mental Retardation, or other persons showing interest in early childhood intervention.

Article II. Term of Membership

Members shall be elected for a two year term, one half to be elected in October of each year. Vacancies which occur shall be filled by election of the Advisory Board for the unfilled terms, by majority vote. A member may serve no more than 3 consecutive terms on the Board.

Article III. Officers

The Advisory Board officers shall consist of a Chairperson and a Secretary-Vice Chairperson duly elected. Each officer shall serve in the same office no more than 3 consecutive years.

Article IV. Elections

The Advisory Board shall annually elect a Chairperson and a Secretary-Vice-Chairperson. The term of office shall be November 1st to October 31st.

Article V. Chairperson and Secretary-Vice-Chairperson

The Chairperson shall preside at all meetings and shall exercise such other powers as properly ascertain to his/her office. The Secretary-Vice-Chairperson shall preside in the absence of the Chairperson. Subsequent secretarial duties shall be delegated at that time. If the office of Chairperson becomes vacant, the Secretary-Vice-Chairperson shall succeed to the office. All other vacancies in office shall be filled at the regular meeting by nominations from the floor and elections.

Infant Development Center paid employees are excluded from holding office.

The Secretary-Vice-Chairperson will record all transactions at regular and special meetings, be responsible for all correspondence and act as Vice-Chairperson in the absence of the Chairperson.

Article VI. Committees

The following shall be standing committees of the Advisory Board:

1) Financial Affairs
2) Clinical Affairs
3) Consumer Affairs

The Chairperson, with the approval of the Board, may appoint special committees which shall serve until their reports are accepted or the committee is discharged. Such committees shall be dissolved when the purpose for which they were appointed has been fulfilled.

The Chairperson will be an ex-officio member of all standing committees.

Article VII. Notices and Agendas

The Secretary-Vice-Chairperson shall send to the members of the Board notice of all regular and special meetings by mailing or telephoning the same to the members of the Advisory Board at least two (2) days prior to such meetings. Minutes of the previous meeting will be mailed to members.

The Infant Development Center will assume any costs incurred.

Article VIII. Records

The Secretary-Vice-Chairperson shall record the subject matter and subsequent voting of the Board at all regular and special meetings. These records shall be kept in a book in the Infant Development Center and shall be accessible to any Board members for inspection. The Secretary-Vice-Chairperson will preserve copies of correspondence to be included in this book also. Notation of standing committee meetings shall also be included.

Article IX. Regular Meetings

Regular meetings of the Advisory Board will be held monthly unless otherwise voted. Specific day of the week will be decided upon by a vote of the majority. Meetings may be attended by non-members at the discretion of the Chairperson.

Article X. Special Meetings

Special meetings may be called by the Chairperson or Director or at the request of three (3) members of the Advisory Board. At special meetings, only the purpose for which the meeting was called shall be in order.

Article XI. Quorum

A quorum shall consist of those Board members in attendance.

Article XII. Amendment of By-Laws

By-laws may be amended by a majority vote of the Advisory Board at a regular meeting, providing the proposed amendments have been presented at the previous meeting and appear in the minutes sent out.

Article XIII. Voting
Decisions will be made by majority vote with quorum present.

Article XIV. Adjournment of Meetings
Meetings shall be adjourned upon a majority vote of the Advisory Board present.

Article XV. Attendance at Meetings
All members of the Advisory Board who are repeatedly absent from meetings shall be subject to review by the Board.

General Procedures of Advisory Board

Article I. Procedure
In performing it's duties, the Board shall act as a unit. That is, all questions shall be settled by formal vote of the Advisory Board in a duly authorized meeting.

Article II. Order of Business
At the time the meeting is called for, the Chairperson shall take up matters of business in the following order:

1) Reading of minutes of the previous meeting
2) Committee Reports
3) Director's Report
4) Old Business
5) New Business
6) Any items not on the agenda that the majority of the members are in favor of discussing.

Article III. Robert's Rules of Order
Robert's Rules of Order will be followed during all regular meetings.

SECTION VI - GENERAL POLICIES

A. Volunteers

Purpose: Volunteers are encouraged to participate in the classroom/ playgroup programs at the Infant Development Center to, 1) provide individual attention for the children; 2) support for teachers and use resources and skills from the community.

The ultimate purpose of every volunteer is to help our children.

Procedure: I.D.C. volunteers serve at the request of I.D.C. staff and under the direction of I.D.C. personnel.

Coordination of Volunteer Services: The Program Coordinator and Education Specialist will be responsible for:

Maintaining a set of records including names, addresses and other pertinent information on all volunteers.

Writing a year end report to be submitted to the Center director.

Arranging for orientation meetings.

Arranging recognition events.

Categories of Volunteers:

Classroom volunteers - volunteers who help children individually or in small groups under the guidance of the classroom teacher.

Tutorial Volunteers - Volunteers who assist children on a one to one basis, under the guidance of the Education Specialist, Occupational Therapist, Physical Therapist and Speech Therapist.

Volunteers in special projects and on field trips - Volunteers who chaperone on field trips and assist in special programs such as Christmas Parties, parent meetings, swimming, etc.

Qualifications:

As an I.D.C. volunteer, you do not need a teaching certificate or have special training. You should have a genuine interest in children, a feeling of commitment to your volunteer activities, regular attendance, the ability to cooperate with I.D.C. personnel, flexibility, and good health.

A valuable volunteer is one who:

Knows and conforms to I.D.C. regulations.

Is punctual and dependable in attendance.

Notifies the volunteer coordinator when he or she will be absent.

Accepts the tasks given by the staff member.

Knows the volunteer's relationship to staff members is one which requires mutual respect and confidence.

Realizes that I.D.C. records and the relationships between staff members and children are confidential.

B. General Policy & Procedures

The purpose of general policy and procedure statements is to provide general information for those who work at, or visit the Infant Development Center.

1. Parking

- Staff and visitors will park in the designated area.

- Short-term parking in the driveway occurs while dropping off children and/or picking up children.

2. Entrance/Exit to Building

- Use main door to building to enter or exit.

- Do not use classroom doors, unless designated.

3. Use of Materials

- Staff is allowed to use all the materials provided by the Infant Development Center.

- Sign materials out when taking them out of the building. Sign out sheets are found where materials are found.

4. Smoking in Designated Areas Only

- There is no smoking around the children.

5. Use of the Kitchen

- Use of the kitchen is available to everyone except between the hours of 10:45 - 11:15 (Monday-Thursday), when lunch is being prepared and served to the children.

6. Signing in and out

- For STAFF who leave the building, sign out in the schedule book found on the secretary's desk, so if an emergency arises, you may be contacted.

7. Fire Procedures

- Smoke alarms will be tested monthly by the Custodial Worker I.

- All fire exits should be kept clear at all times.

- If a fire occurs, people will exit the building by utilizing the closest exit.

- Fire drills are conducted once a month in the classroom.

- Fire Department phone number is located on all phones. The Fire Department should be called immediately when a fire occurs. If the phones are out of order, go to the fire box on phone pole near entrance to Maine Youth Center.

8. Locking up at Night

- The last person to leave the building should turn off all lights, lock all doors and set thermostat at 65°.

SECTION VII - PUBLIC INFORMATION

STAFF

2 Child Development Programmers
1 Occupational Therapist
1 Physical Therapist
1 Speech Therapist
1 Education Specialist
1 Social Worker
1 Consulting Psychologist
1 Family Support Specialist
1 Teacher Aide
4 Child Development Workers
2 Foster Grandparents
1 Social Welfare Intern
4 Work Study Students

C3

INFANT DEVELOPMENT CENTER

An early intervention program for infants and children, from birth to five years old.

SERVICES

Depending upon the needs of the child and parents:

(1) Developmental assessment and program with periodic re-evaluation.

(2) Working in the home setting with both child and family on a prescribed program.

(3) When appropriate, therapy sessions at the center.

(4) Developmental classes at the Center.

Home programs.

Program evaluations by professional therapists and educational specialists.

(5) Parent Groups

Locations: South Portland – Portland
Limington
Brunswick
Biddeford
Bridgton
Sanford

Assistance in locating appropriate placement or referral.

64

(6) Consultation with other agencies, public schools, day care or preschools.

Training in infant stimulation, daily living skills, language stimulation management of behavior, pre-academic development.

(more)

Information regarding current legislation and programming in Special Education.

(7) "Drop-in" baby-sitting services at the Infant Development Center from 10:00 a.m. to 4:00 p.m., Monday thru Friday.

WHO IS ELIGIBLE?

Any family from southern Maine with a child under 5 years old with a developmental problem.

HOW MUCH DOES IT COST?

There is no fee.

REFERRALS

Through other agencies.

Through private physicians.

Through direct contact from parents.

FOR FURTHER INFORMATION
CONTACT US AT:

INFANT DEVELOPMENT CENTER
629 Westbrook St.
So. Portland, Maine 04106
Telephone: 773-2928

TOLL FREE NUMBER
1-800-492-0846

Margaret I. Bruns, R.N., B.S., Director

ADVISORY BOARD

Sumner Berkovich, M.D.
Hattie Bickmore
Betty Morrison
Becki Williams Smith
Ann LaChance
Ina Purington
Debbie Nugent
Howard Noyes
Mike Tarpinian
Denise Sage
Tom Brewster, M.D.
Steve Osborne, M.D.
Marie Taplin
Shirley J. Norton
Patricia Smith

INFANT DEVELOPMENT CENTER
629 Westbrook Street
South Portland, Maine 04106
Telephone 773-2928
Toll Free - 1-800-492-0846

A non-profit program sponsored by:
Department of Mental Health & Corrections
Bureau of Mental Retardation
Federal Developmental Disabilities Grant

PHILOSOPHY

The Infant Development Center's program is based on the philosophy that help provided during the early formative years prevents complicated problems from developing later in the child's life. By providing information now the burden on the child, their family, the public school, and/or society will be greatly lessened.

PURPOSES:

To provide early intervention services for infants and pre-school children who have been identified as developmentally impaired or at risk for potential developmental problems.

To provide parents help, support, information, and involvement in the provision of services to their child.

POPULATION

1) 0-5 year old infants and children identified as developmentally delayed or potentially delayed regardless of the etiology.

2) Children of families residing in Southern Maine.

METHODOLOGY

1) On referral to the Center, a staff member will visit the home, make an initial assessment, and arrange for a developmental screening either at the home or the Center. Following the screening, staff will meet and assign a primary person to coordinate whatever program is indicated. If a more comprehensive program evaluation is needed, that will be scheduled with one or all of the following: physical therapist, occupational therapist, educator, psychologist, speech and hearing therapist. A program will then be designed and with the parents approval will be implemented.

2) Depending on the needs of the infant/child and family, either one or both of the following types of programs will be used:

   a) Home management programs: Periodic visits by Staff to the home to help the family manage the child's program.

   b) Developmental classes at the Center for socialisation and pre-school skill development.

      Programs will be based on patterns of normal child growth and development and will be conducted by trained staff or professionals in specialised fields. Some of the programs offered are infant stimulation, feeding, toileting and dressing training, language stimulation, physical therapy, occupational therapy, and developmental classes.

3) Full re-evaluation of the child will be done whenever necessary.

   Additional services offered:

   a) Preparation of child for pre-school and school program and assistance to the teacher during the adjustment period.

   b) Consultation with other agencies, day care centers, etc.

   c) Baby sitting services from 10:00 a.m. to 4:00 p.m., Monday through Friday, at the Infant Development Center.

   d) Participation in parent group, if desired.

OVERVIEW OF THE WASHINGTON COUNTY CHILDREN'S PROGRAM

The Washington County Children's Program is a non-profit home-based early intervention program for young children with special needs. The program, currently in its sixth year of operation, is supported by local contributions and fund-raising activities, state agencies, and private foundations.

The WCCP got its start in 1975 with a three year demonstration grant from the Bureau of Education for the Handicapped. In July, 1978, the Child and Youth Board of Washington County became the fiscal agent for the Children's Program. This board represents the entire county and supports educational, health, and social services for its children. The board is also the fiscal agent for the Child and Youth Dental Program, a school-based, preventive dental health program.

As stated in the Introduction, the Child and Youth Board and WCCP policies and procedures materials are not as complete as the IDC's. A new program should at least have the WCCP minimum and work toward IDC refinement.

Washington County Children's Program

Policies & Procedures Materials*

Section I:	Public Information
Section II:	Philosophy Statement
Section III:	Information on Governing Body
	A. By-Laws
	B. Organizational Chart
Section IV:	Personnel
	A. Personnel Policies
	B. Job Descriptions
Section V:	Direct Services
	Record-Keeping Forms
Section VI:	Financial**
	Record-Keeping Forms

*As WCCP materials do not yet have a format, we have loosely ordered them according to our "Ideal" Table of Contents - recognizing there will be missing sections.

SECTION I

Public Information

THE

MOST

IMPORTANT

PEOPLE

IN

WASHINGTON

COUNTY

ARE.....

OUR CHILDREN

The importance of children was highlighted in 1975 by the formation of the Child and Youth Board - a group of professionals and citizens concerned with providing quality health and human services to the children of Washington County.

The original board was composed primarily of medical and dental practitioners and staff members of health and social service agencies. Board membership has now expanded to include educators, parents, clergymen and other interested citizens.

THE SPONSOR OF:

The Child & Youth Dental Program - an educational program in which a dental hygienist teaches dental health and hygiene in area schools.

The Washington County Children's Program - a home-based training program for the parents of handicapped and developmentally delayed children.

THE BOARD FUNCTIONS AS:

An advocate for all children and youth issues

A forum for the exchange of ideas and information among children and youth service programs

A liaison with the public to make them aware of the needs and services being provided children and youth in the County as well as projected needs

A resource and support group for individuals and groups in youth related work in the County

An explorer of appropriate funding sources for recreational, educational, physical and mental health services for children and youth

An informal co-ordination point to assist programs with related service missions to avoid duplication of services and/or competition for support and funding

The Child & Youth Board members are very committed to offering comprehensive services to the children of our County and are receptive to people and ideas which further these goals. If you are interested in joining them in this process, please fill out the attched checklist.

I am interested in:

Receiving monthly minutes and meeting notices of the Child & Youth Board. I'm enclosing $2.00 to pay for postage.

Becoming a member/director of the Child & Youth Board.

Serving on an ad hoc committee working on a particular issue related to children and youth.

Indicate special issues and interests:_____

_____

_____

_____

Name:_____

Address:_____

_____

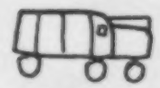
Please return to:

The Child & Youth Board
P.O. Box 80
Machias, ME 04654

WASHINGTON COUNTY CHILDREN'S PROGRAM

– a rural, home based program
for children with special needs

As Our Child Grows . . .

AGE	3 WEEKS	2 MONTHS	4 MONTHS	6 MONTHS	9 MONTHS	12 MONTHS	18 MONTHS	2 YEARS	3 YEARS	4 YEARS
DEVELOPMENT	Sees and hears. Picks head up. Parents are child's best toy. 	Follows object with eyes. Responds to sound. Vocalizes. Smiles.	Eyes follow all around. Responds to sound. Plays with hands. Holds rattle. Tries to roll over.	Pulls to sit with no head lag. Supports weight standing. Transfers object from hand to hand. Turns to voice.	Rolls both ways. Achieves sitting position. Pulls self to stand. Thumb-finger grasp. Imitates speech sounds.	Walks holding on. Plays Pat-a-cake. Clings to mother. Many speech sounds "mama", "dada".	Leaves mother's side to play but comes back often for reassurance. Plays ball. Five or six single words 	Toilet training. Growing independence Talks in phrases. Scribbles with pencil. Knows parts of body. Walks up steps.	Toilet trained. Follows directions. Uses plurals. Dresses self.	Buttons up. Separates from mother easily. Knows colors.
SAFETY/HEALTH	Never leave unattended. Use car seat.	Watch for falls. Never leave small children alone with infant.	Keep medicines locked up. Read Labels.	Keep medicines in original containers. Introduce cup. 	Keep cleaners and polishers out of sight and reach. Avoid putting baby to bed with bottle.	Everything goes in mouth. Check floor for safety. Begin to brush teeth.	Watch electric outlets stove everything in reach. Likes to brush teeth	Climbers can not read labels. Needs help brushing molars.	Never tell a child medicine tastes good "like candy."	Brushes teeth. May learn to floss.
DISCIPLINE	Schedule is being established. Never waken to feed at night.	Feed when hungry. Change when wet or soiled. Put to bed when tired.	Talk to baby – Be consistent – Cuddle, rock, hold, and enjoy.	Routine makes baby feel secure and loved. Give baby a dependable world.	Don't pick him up each time he cries one day and make him "cry it out" the next.	Parents need to agree on a routine.	Child has a right to consistent rules at home. 	"No" must be accompanied by removing child or object. Reward "good" behavior.	Anything which gets a big response will likely be repeated.	Never get into a power struggle if child can win.
FEEDING/DIET	Breast with Vit. D supplement or Infant Formula.	Add diluted and strained orange juice. 	Introduce solids – small amounts– One new food each week. Baby food grinder can be used. 1. Iron fortified cereal	2. Pureed fruit 3. Pureed vegetables 4. Pureed meats 5. Egg yolk	6. Mashed potatoes 7. Rice 8. Melba Toast 9. Enriched cracker 	10. Chopped and mashed foods from table. Weaning.	Better with spoon More selective about foods.	Feeds self smal portions Food preferences.	Learning table manners. 	Appetite varies – Offer nutricious food in small portions.

Remember . . . children grow at their own pace, so ages may vary with each child.

Compiled by Winifred Rodda, Pediatric Nurse Associate, Washington County

The Washington County Children's Program is a home-based early intervention program for young children with special needs. It is based on the idea that parents, being the first teachers a child has, can also be their most important teachers. When a child has special needs, a parent may need help being that teacher.

> "When I found out there was going to be this program, and up until that point there were no services at all, it was a real comfort to know that there were other people who were interested and who would share in my child's development, that there were other people who would at least try to understand what parents of a special child go through and how alone they feel and how unable to cope with the problems, all the guilt at not instinctively knowing all the time what to do right."
>
> – Parent of a special needs child

Home advisors located in different areas of the county work in homes with parents and their children who have special needs. If appropriate, children also receive services from occupational, physical and speech therapists on the staff.

The home advisors begin their visits by assessing the child's abilities in several areas of development: physical, language, social, self-help, and cognitive. Then the parents and home advisor work together to decide on activities that will help the child learn new skills. From the program's toy lending library, the home advisor may bring learning materials to leave in the home, or she may encourage parents to make toys from things in the home. Activities are done on a daily basis by the parent and the child's progress is reported in a parent notebook.

Children learn from each other. If a child can be enrolled in a local playgroup or preschool, the home advisor may work with them there, as well as in the home.

By the time a child with special needs gets to kindergarten he is well on the way to success or failure. Success in the beginning can mean success throughout school.

> "I like very much for the children who are handicapped to stay in the regular room for at least six months and hopefully a year before they go into a special room. I don't think of it as mainstreaming. I think of it as giving them a chance to show what they can do"
>
> – Kindergarten teacher in Washington County

Services are available to children from birth to five years of age:

- who have an identified handicap
- who show a delay in development of social, self-help, language, physical or academic skills, or present a serious behavior problem.
- whose parents agree to involve themselves as the primary teachers of their children.

The program is supported by local contributions and fund raising activities, state agencies and private foundations. There is no charge to participating families.

The Washington County Children's Program also:

- publishes a monthly newsletter about child development and related topics
- develops home-made toys and materials
- coordinates with
  - Bureau of Mental Retardation
  - Community Health & Counseling Services
  - Downeast Health Services
  - Head Start
  - Family Day Care Homes
  - Department of Human Services
  - Private Physicians
  - School Districts
- encourages development of pre-schools and day care programs
- makes available project staff personnel to speak to group meetings. Please contact us to make arrangements.

Services from the above agencies and our program are coordinated by the Special Needs Preschool Program of Washington County, 80 Main Street, Machias. Referrals can be made by calling us at 255-3426 or 255-8466 or the director of special education in your schools.

The WCCP/Outreach project is funded by the BEH, U.S. Department of Education. Its long-range goals are to increase the number of preschool handicapped children being served, and improve the quality of services being provided.

Working with the WCCP as a successful model, WCCP/Outreach:

- provides state-wide training for other agencies and programs in the methods developed by the WCCP.
- works to influence state policy and decision making affecting pre-school handicapped children.
- develops, field tests and produces materials for use by other programs serving the young handicapped children.

The Outreach Staff includes the Project Director, the Training Coordinator, Project Development Coordinator and trainers.

For further information contact the WCCP/Outreach office at:

80 Main Street, Machias, Maine 04654
Telephone 255-3426 or 255-8466

Washington County Children's Program

A PROGRAM FOR YOUNG CHILDREN WITH SPECIAL NEEDS

Common Questions Asked About Infants

1. If you pick up a baby every time she cries, won't you spoil her, and won't she cry even more?

Numerous researchers have shown that parents who respond to their infant's crying by picking them up, conforting them, and trying to reduce distress, are much more likely to promote basic trust and independence in the second year. In order to develop this trust, an infant's needs for food, warmth and affection must be met. If this does not happen her days become frustrating and caotic. Trust is built on individual attention that is warm, consistant and sensitive to their needs. The infant who is in a trusting relationship is more likely to quiet easily, more gratifying to care for and able to entertain herself for longer periods of time because she is confident that her physical and psychological needs will be met.

Such responsiveness appears to actually reduce, rather than increase, crying by encouraging infants to communicate in other forms.

2. Isn't it true that there is no real need to talk to babies since they can't understand you anyway?

Infants are responsive to speech sounds from birth, and quickly learn to "read" their caregivers by the tone and tempo of their speech as well as by their touch, gestures and facial expressions. Babies understand much more than they can say, and talking to them encourages them to begin figuring out the meaning of the language around them.

3. Is it bad to talk baby talk to infants?

When an infant is very young, it doesn't matter whether her caregiver speaks baby talk or Shakespeare. The heart of early language development is building an easy, two way give and take between caregiver and infant. A caregiver should speak, sing and laugh with his/her infant, encouraging her to respond back in many ways, with coos, gurgles, smiles and babbling. Soon the infant is listening to and watching conversations around her. These reactions show that she is becoming interested in words and language. The caregiver should use language with her, such as calling her name and labeling objects, people, actions and feelings. Such early exchanges, even those in which the infant does not say a word you can understand, encourage her to become involved and interested in the communication process and as she enjoys it, motivated to seek more and more articulate way of participating in it.

Childfind

Did you know there are services available for children from birth through five years who have special learning needs? Local school districts and agencies are cooperating to find and serve any preschool children in Washington County with physical, mental, vision, hearing, speech or emotional disabilities. If you have or know of any such child please call us, so we can help them before they reach school age. The people you may call are:

Ralph Shannon - Union 106 - 454-2821

Barbara Poirier - SAD 77 & Union 102 - 255-3414

Robert Feeney - CSD 17 & Union 103 - 497-2154

Don Mironov - Indian Township School - 796-2362

Marlene Bates - SAD 37 - 483-2734

Carolyn McConnell - Union 104 - 726-5564

Robert Hunter - SAD 19 - 733-5573

Nancy Diadone - Union 107 - 427-3882

Jane Cook - Edmunds - 726-4478

Colby Walker - CSD 12 - SAD 14 - Union 108 - 448-2882

or the Special Needs Preschool Program - 255-8466

*Health and Safety

Your baby will be spending a lot of time resting or sleeping. Think SAFETY for sleeping arrangements. You might be using a basket or bassinet -- or perhaps you have inherited a cradle. Some of you may be starting with a crib. Whether this item is new or used, be certain to check for these things:

snug fitting mattress - no pillow
smooth edges
no plastic packaging
non-toxic paint
bars no farther than 2½ inches apart

When your baby is older, be sure the sides are high enough so baby can't climb over and that baby can't work the latches.

*Be Good To Yourself

Taking good care of baby requires a lot of time. When you're spending time taking care of baby, remember to take care of yourself. It's one of the best things you can do for baby. Your mental and physical health are very important during these early months of baby's life. Try to get enough sleep; watch you diet. Have some alone time. You may need to request support from other adults to do this, but remember, you and your baby will benefit.

"People who say they sleep like a baby usually don't have one."

Leo J. Burke

Be Good to Your Baby
Be Good to Yourself

Infant Care

Infant Care, a government publication recently revised by Washington, D.C. pediatrician, Frederick North. This pamphlet includes developmental charts as well as basic advice on formula preparation, bathing, and health care. Single copies are free from LSDS, Department 76, Washington, D.C. 20401

*These articles were taken from the Zero To One Newsletter put out by the Clinton County Extension Service, DeWitt, Iowa

Washington County Children's Program

80 Main Street

P.O. Box 311, Machias, Maine 04654

NON PROFIT ORG.
U.S. Postage Paid
Machias, Me. 04654
Permit No. 3

A RURAL HOME-BASED PROGRAM

SECTION II

Philosophy Statement
(See Personnel Policies in Section IV)

SECTION III

Information on Governing Body

Child and Youth Board of Washington County

P. O. BOX 80, MACHIAS, MAINE 04654 TEL. (207) 255-3426

EARLY HISTORY OF THE CHILD & YOUTH BOARD

Transcribed from a tape made by Dr. Randy Silvor on 6/7/79

I have not gone back and reviewed the records and, thus, the precise dates of some events will not be noted. Once minutes started, I assume that somebody could go back and check them to pick up the dates.

It is also difficult to know precisely where to begin since the formation of the Child & Youth Board was in part a reaction to events in other programs. Prior to that time, Downeast Health Services had come into existence as a two county program dealing with maternal and child health. At first, there was just the Maternal and Infant Care Program.

Then, Downeast Health Services wrote a grant proposal for a two county child and youth Program-that is Hancock and Washington Counties. As this went through the reviewing process, it was ultimately approved and funded for only Hancock County. The only ostensible reason given by the Regional Review for turning down the Washington County part of the program was the presence in Washington County of the Washington County Health Plan. It was felt that the two programs would cause duplication. We were obviously quite disappointed that we could not get the child & youth Programs started in Washington County.

Also, at that time Regional Planning was becoming active. John Eisman, of the Regional Planning Board, was one of those who started the ball rolling toward getting together a group of people interested in children's services in the county. We needed to see what we could do about getting services and assure that agencies cooperated and did not get in each other's way as far as getting grants for the area.

After a few meetings, we gradually decided to form a board. A lot of the early work went into working out By-Laws and getting incorporated. Mr. Taylor was the lawyer who worked on the incorporation. As I recall, at that time we were a board without programs. We were working on getting a Dental Program, and it was not too long after that that Jane Weil began to work on what was to become the Washington County Children's Program.

I think further history can be found in the minutes, and certainly the relationship with Jane's program can be obtained from her.

My participation in the early days of the CYB was as a non-voting member representing Downeast Health Services. Dr. MacBride was one of the people who attended many of these early meetings. As I recall, Donna Allen, Public Health Nursing, was also involved, and at various times other people sat in. Again, I would think the names etc. can be gotten from the minutes of the meetings. I am assuming that others can pick up the tail from here.

CHILD AND YOUTH BOARD OF WASHINGTON COUNTY, INC.

BY-LAWS

Article I: The name of this organization shall be the Child and Youth Board of Washington County, Inc.

Article II: The purpose of the Child and Youth Board of Washington County shall be to serve as the Board of Directors for the Child and Youth Dental Program, the Washington County Children's Program, the Washington County Children's Program Outreach Project and other programs as it shall from time to time administer. It shall also serve as a forum for the discussion of educational, health and social service needs of children and youth in Washington County. The Board may provide support to individuals, groups and organizations who are working to meet these needs.

Article III: The membership of the Corporation shall consist of the persons who have been designated as Directors in the Certificate of Organization of this Corporation and such other persons who shall in the future be elected as such by the Directors. The election of a person to membership of the Corporation shall grant admission as a Director. No person who is a paid staff member of a Child and Youth Board administered program shall be a Board Director.

Article IV: Board of Directors

Section 1: Number - The membership shall be the Board and the Board shall consist of fifteen Directors.

Section 2: Term - A term of office shall be three years. Five directorships shall become open at each annual meeting. Vacant positions shall be filled at the annual meeting. No Director may serve more than six consecutive years. A former Director may become a candidate for a directorship one year from the date of termination of previous service as a Director.

Section 3: Resignations - Any Director may resign at any time by giving written notice to the President. Such resignation shall take effect at the time specified therein and the acceptance of such resignation shall not be necessary to make it effective.

Section 4: Removal - Any Director may be removed, either with or without cause at any time, by the majority vote of all the Directors, or upon missing three consecutive meetings without notice to an officer of the Board.

Section 5: Vacancies - Any Director positions vacated for any reason between annual meetings will be filled by nominations from the floor. Persons elected in this manner will fill the remainder of the term held by the departing Director.

Article V: Meetings

Section 1: Annual Meeting of Directors - the annual meeting of the Directors for the election of the officers and the transaction of such other business as may properly come before the meeting shall be held each year in April at such time and place as may be fixed by the Board of Directors, or if the Board has not so determined, as such time and place as may be determined by the President.

Section 2: Special Meetings - Special meetings of the Directors may be called any time by the President and shall be called by the Secretary upon written request by any two members.

Section 3: Notice of Meetings - Notices of each regular, annual or special meeting of the Directors shall be in writing and be signed by an officer. If it is a special meeting, or if otherwise required by law, the notification shall state the purpose and the time and place of the meeting. A copy shall be either hand delivered or mailed directly to each director not less than five nor more than thirty days before the meeting.

Section 4: Place of Meeting - Meetings of the Directors shall be held at the principal office of the Corporation or at such place within or without the State of Maine as may be designated in respective notice thereof.

Section 5: Quorum - At each meeting of the Directors not less than five shall constitute a quorum for the transaction of business. Whether or not there is a quorum at any meeting, a majority of the Directors who are present may adjourn the meeting from time to time until a quorum shall be present.

Section 6: Voting - At each meeting of the Directors any persons shown by the records of the Corporation to be a Director as of the date of the meeting shall be entitled to one vote. Except as otherwise provided by law, the Certificate of Organization or these by-laws, all matters which shall properly come before any meeting shall be decided by a majority vote of those present and voting. A Director shall abstain from voting in matters that directly apply to a non-Board sponsored program of which he is a paid staff member.

Article VI: Officers

Section 1: Appointment and Term of Office - The Board of Directors at its annual meeting shall elect a President, a Vice-President, a Treasurer, a Secretary and such other officers as the Board may deem necessary or advisable. Each of such officers shall hold office until the next annual election or until his earlier death, resignation, or removal. One person may hold and perform the duties of any two offices except the President. No instrument required to be signed by more than one officer shall be signed by the same individual in more than one capacity.

Section 2: Removal - Any officer may be removed either with or without cause, at any time, by the Board of Directors.

Section 3: Resignation - Any officer may resign at any time by giving written notice to the President. The President may resign at any time by giving written notice to the Secretary. Any such resignation shall take effect at the time specified therein and, unless required by the terms thereof, the acceptance of such resignation shall not be necessary to make it effective.

Section 4: Vacancies - A vacancy in any office arising from any cause shall be filled for the unexpired portion of the term in the manner prescribed herein for the regular election to such office.

Article VII: Committees

Section 1: General Powers and Membership - The Board may appoint an Executive Committee consisting of three or more Directors. At least one member of the Executive Committee shall be an officer. Members of the Executive Committee shall be elected for one year. The Board may appoint other committees as from time to time it is deemed necessary or advisable. Members of committees other than the Executive Committee need not be Directors if the committee in question is not vested with power or duty normally considered a primary duty of the Board of Directors. Unless otherwise expressly provided by law or by the Certificate of Organization or by resolution of the Board, the Executive Committee shall have and may exercise all the powers of the Board (except the power to appoint or remove a member of the Executive Committee or other committee, the power to remove an officer appointed by the Board, and the power to amend or repeal these by-laws) when the latter is not in session, and each other committee shall have and may exercise, when the Board is not in session such powers as the Board shall confer. All action by any committee shall be reported to the Board at its next meeting.

Section 2: Organization - Each committee shall appoint a chairperson and a recording secretary.

Section 3: Meetings - Each committee shall adopt its own rules governing the time and place of holdings and the method of calling its meetings and the conduct of its proceedings, except as provided in sections 4 and 5.

Section 4: Committee Quorum - At least two thirds of a committee's membership shall be in attendance for transaction of committee business.

Section 5: Removal - Any member of any committee may be removed from such committee either with or without cause, at any time, by the Board of Directors.

Article VIII: Amendments

Directors shall be notified in writing of the exact wording of proposed amendments to the by-laws at least five days prior to the meeting at which the by-laws shall be acted upon.

Article IX: Seal

The seal of the Corporation shall be circular in form and contain the name of the Corporation, the words "Corporate Seal" and "Maine" and the year the Corporation was formed in the center. The Corporation may use the seal by causing it or a facsimile to be affixed or impressed or reproduced in any manner.

Article X: Miscellaneous

The fiscal year of the Corporation shall be September 1 to August 31.

CHILD & YOUTH BOARD STAFF

Washington County Children's Program

Program Director

Program Coordinator

Home Advisors (5)

Home Advisors - Infant Program (2)

Speech Therapist

Occupational Therapists (2)

Secretary

Child & Youth Dental Program

Project Director

Washington County Children's Program Outreach Project

Project Director

Product Development Coordinator

Training Coordinator

Secretary

Bookkeeper

SECTION IV

Personnel

PERSONNEL POLICIES

CHILD AND YOUTH BOARD OF WASHINGTON COUNTY

INTRODUCTION

These personnel policies have been developed for the benefit of employees of the Child and Youth Board of Washington County, Inc.

Most staff members will be attached to a particular program operated by the Child and Youth Board. However certain staff members, particularly those holding clerical, bookkeeping or office management positions, may be hired to work for the benefit of the Board and will be assigned duties which benefit the Board s programs or programs with which the Board has contractual relationships.

PHILISOPHY

It is the policy of the Child and Youth Board to be fair to its employees by understanding that an individual's work life is only one part of a whole life. The Board realizes that its employees will have other demands, particularly from home and family. The Board acknowledges that the quality of the family and personal life of its employees is important to their functioning in a positive and productive manner.

The following personnel policies try to provide sufficient flexibility so that employees can benefit from both their private and work lives while also providing consistency of service to children and youth.

I. Equal Opportunity Employment

A. General Policy

It is the policy of the Child and Youth Board to recruit, hire and promote for all positions without regard to race, religion, color, national origin, age, sex or physical or mental handicap unless related to occupational qualifications. Employment decisions are to be based on the qualifications of each individual.

B. Affirmative Action

This policy of equal opportunity is to be administered and achieved through a program of affirmative action. A copy of the Child and Youth Board Affirmative Action Plan is available in the office of each program.

C. Promotion

It is the policy of the Child and Youth Board to promote from within the organization whenever possible.

II. Type of Employment

A. Full-time - A full-time employee will work 35-40 hours per week.

B. Part-time - A part-time employee will work less than 35 hours per week.

C. Probationary - A new employee will be considered probationary for the first three months of employment. During or at the end of the three months, either the employee or the Child and Youth Board is free to terminate the relationship by providing a two week written notice.

A written evaluation of performance will be done at the end of the three month period by the project director and other appropriate personnel. A portion of this evaluation will involve the employee in a self-evaluation.

D. Permanent - Upon satisfactory completion of the probationary period an employee will become permanent.

E. Evaluation - Program directors will evaluate staff members they supervise annually. This process will provide each employee an opportunity for self-evaluation. The program director and each staff member will jointly review areas of job success and areas of needed improvement.

F. Resignation - All staff members must give one month's notice on resignation.

G. Termination - Termination may result from insufficient funding or a program's termination of certain services. In the event of retrenchment or reorganization requiring the discontinuance of a position or positions and separation of one or more employees, one month's notice will be given. Factors such as seniority, work performance and appropriateness of skills will be considered.

The administrator will first discuss impending retrenchment or reorganization with the staff member or members involved. The staff will be informed of the change at the next regular staff meeting, and the information will also be presented to the Personnel Committee of the Child and Youth Board.

H. Dismissal - If an employee's performance is unsatisfactory, it is the program director's responsibility to arrange a conference with the employee; review the area(s) of dissatisfaction; develop a written plan for improvement; and establish a date for re-evaluation in a month. If an employee resigns during that month, they must give two weeks notice. The program director may terminate employment two weeks from the date for re-evaluation. The employee may pursue the grievance process.

I. Grievance - Any grievance should be settled first between program directors and staff members through mutual discussion and a frank airing of problems with the intention of settling differences. If either party is dissatisfied with decisions resulting from this process, the grievance should be placed in writing and submitted to the Personnel/Grievance Committee of the Child and Youth Board to be acted upon within ten (10) working days from date of receipt. If either party thinks the issue is unresolved, the Child and Youth Board shall act as the final hearing body.

III. Employee Benefits

A. Vacation - Covered in individual job descriptions.

B. Personal Days - Full-time staff members shall have three personal days available each year. Part-time employees will have two personal days available each year.

C. Holidays - All legal holidays in the State of Maine shall be considered holidays for full-time employees. This includes the following: New Years Day, Washington's Birthday, Patriot s Day, Memorial Day, Independence Day, Labor Day, Veteran's Day, Columbus Day, Thanksgiving (and the following Friday) and Christmas Day. Holidays that fall on Saturday or Sunday shall be celebrated on Friday or Monday. All legal holidays in the State of Maine shall be considered half day holidays for part-time employees.

D. Sick Leave

1. Sick leave is accumulated at the rate of one working day for each month served or a total of twelve working days in any one year. Unused sick leave may be accumulated until a maximum of 24 working days has been reached. Employees may not take more than the number of days earned at the time of illness. If the illness necessitates more than the number of earned sick leave days it can be considered (1) personal time, (2) leave without pay, or (3) vacation time.

2. The director may require certification from a physician regarding an employee's medical or health condition when an illness exceeds 3 working days.

3. If an employee is frequently absent for 1 or 2 days at a time or seems to establish an unwarrented pattern of absences the director will have the right to require a physician's statement.

4. In cases of prolonged illness and on the recommendation of the director the Board will consider additional leave with pay based on the merits on an individual case, the amount of previous leave used, employee's length of service, budgetary limitations, etc.

5. Unused sick leave is not to be considered as additional vacation or time for which a staff member is entitled to pay at termination of employment.

6. Employees should make every effort to schedule routine medical or dental appointments during non-working hours.

E. Parenting Leave

A six week maternity leave with pay shall be granted to an employee who has completed at least nine months of service. Additional leave without pay may be arranged with the director and will be dependent upon the nature of the employee's position, program demands at the time of leave, etc. If an employee has worked for the program for less than nine months, parenting leave will be worked out with the project director.

F. Educational Leave

The Board recognizes the value of continuing education opportunities (workshops, conferences, courses, etc.) Attendance at ½, 1 and 2 day job-related workshops and college courses should be arranged with the director and will normally be counted as work days. The payment of fees and expenses will be subject to budgetary limitations and must be approved by the director.

G. Leave Without Pay

A request for extended leave without pay for justifiable reasons shall be considered by the director and the Board. Fringe benefits during this time may be continued at the employee's expense.

H. Leave For Jury Duty

Employees called for jury duty may be released for such service. The employee will be paid the difference, if any, between the payment for jury duty and the employee's normal salary. Such leave will not be counted as personal days.

I. Bereavement Leave

All employees will be granted three days leave with pay if there is a death in the immediate family.

J. Travel

Employees will be reimbursed at the rate of 20¢ per mile for job-related travel. Administrative and clerical personnel will not be reimbursed for travel between their home and the office. Non-administrative and clerical personnel will be reimbursed for travel to the office on staff days. Staff are urged to make trips in one car whenever possible.

K. Other Expenses

Meals, motel or hotel bills, plane fare, etc. are reimbursable when an employee is away from the area on an approved job-related trip. Job-related long distance home phone calls will be reimbursed subject to periodic review by the project director. A listing of the calls must be turned in with the monthly travel form.

L. Insurance

The Board pays Social Security and Workman's Compensation on all employees. For employees who work half-time or more the Board pays 100% of the cost for the individual coverage of Blue Cross/Blue Shield.

A. Annual budget preparation and monitoring of budget:

- Maintaining direct contact with representatives of major funding sources
- Managing funds which come to the CYB for operation of the WCCP
- Supervising the bookkeeper in managing and accounting for program expenditures
- Supervising the bookkeeper in preparing monthly reports required by the CYB
- Supervising the bookkeeper in preparing monthly or quarterly reports required by WCCP funding sources
- Developing new or improved record-keeping procedures which will result in improved reporting to funding sources or information needed to request additional funds
- Consulting regularly with CYB accountant
- Writing narrative reports for those funding sources which require them
- Proposal preparation

B. Local fund-raising, public relations and coordination:

- Supervising requests made to the local towns at town meetings
- Supervising other local fund-raising efforts
- Developing coordinated efforts with other individuals, agencies, programs, departments
- Supervising the WCCP newsletter effort

C. Direct Services:

- Planning for direct services with the Program Coordinator
    - weekly or bi-weekly meetings with the Program Coordinator
    - on-going contact with direct services staff via staff meetings
    - planning staff development activities with other staff members
    - making home visits once a year with each home teacher
    - maintaining a caseload of one family

D. Child and Youth Board:

- Acting as staff to the Board
- Reporting on program activities, problems at monthly meetings
- Involving Board members in WCCP activities
- Review of CYB and WCCP policies, procedures, job descriptions, salaries and benefits, etc.

A. Consultation/Supervision of Direct Services:

- Intake of new referrals with the WCCP coordinator
- Setting up case conferences and team conferences
- Reviewing the Program Plans (IEPs) developed by Home Teachers on individual children
- Supervising and consultation with home teachers
- Doing particular assessment procedures on some children from time to time
- Review of cases with WCCP resource people
- Making home visits with each home teacher at least 2 times a year; offering specific feedback as part of a mid-year and year-end evaluation process
- Supervising case records to be sure they are up-to-date
- Reviewing mid-year and year-end progress reports on each child
- Supervising home teachers who are operating play groups/mother's groups and home teachers who have children in other group settings
- Carrying a caseload of 1-2 children

B. In-Service/Training/Staff Development

- Planning for on-going training with the Project Director and other WCCP staff
- Arranging for training activities
- Conducting some training activities
- Keeping the CYB informed of program activities

C. Program Planning:

- Planning for direct services and staff development with the Project Director, the CYB and others, as appropriate
- Developing coordinated efforts with other individuals, agencies or programs
- Assisting in proposal preparation
- Maintaining communication with existing and new referral sources

Job Description

Home Advisor

The home advisor's role will be to supervise and coordinate the individual program and act as contact person for the family, the physician, the school and any other agencies involved in working with the child. These responsibilities are divided into the following areas: screening and evaluation, program development and record-keeping.

SERVICES TO CHILDREN AND FAMILIES

Screening and Evaluation

Using the appropriate assessment tools for 0-5 year olds to evaluate the child's overall development

Review assessment results and related reports to define problem areas

Program Development

- Develop goals and objectives in conjunction with family members and resource persons
- Make regular visits (weekly, bi-weekly or monthly) to carry out prescribed activities
- Leave suggestions, materials for family to use with child; encourage parent to keep notebook of their activities with child
- Involve resource person for further evaluation/assistance when appropriate
- Participate in case conferences
- Coordinate with other individuals, programs and agencies regarding additional services; when another agency is to carry out program, provide assistance as requested
- Work within a group situation (play group, nursery school, Head Start, day care, etc.) based on WCCP's overall program plans

Record Keeping

- Write mid-year progress reports; state progress, review program; do new evaluations and set new goals if necessary
- Write year-end reports, evaluate year's program, make recommendations
- When appropriate and with parental permission share programming information with any new agency involved with child
- Maintain confidential and professional approach to all matters regarding children and families in WCCP

OTHER PROGRAM RESPONSIBILITIES

Further responsibilities of the home advisor include participating in staff meetings, training sessions and fund raising activities; helping to maintain the toy, book and resource libraries; contributing to the monthly newsletter; working on the window displays and on-going program and staff evaluation process.

Job Description: Speech Therapist

The speech therapist is an employee of the Child and Youth Board of Washington County with specific responsibilities of the Washington County Children's Program. More specific responsibilities will include:

Assessment/Evaluation: The speech therapist will provide further assessment or evaluation in the area of speech and language development upon referral after screening by a home advisor or other direct service provider. Written recommendations will be provided.

Direct Services: The speech therapist will have a limited caseload of children for whom she will have primary responsibility.

Consultation: The speech therapist will consult both individually and as a member of a team with home advisors and nursery school teachers regarding children in the program.

In-Service: The speech therapist will provide workshops for staff, parents and/or other service providers periodically throughout the year. When appropriate, the therapist may attend workshops outside the county and share new information with staff.

Program Planning: The speech therapist will assist the project director with program development, short and long range planning, training, program evaluation, proposal preparation, coordination with other agencies; informing the Child and Youth Board, publicity and public relations.

Job Description

A. Title: Occupational Therapist/Physical Therapist

B. Position Requirements

a. Bachelor of Science degree in occupational/physical therapy

b. Current licensure as required by state law

c. Knowledge and practice in neuro-developmental treatment for children and sensory-integration treatment preferred

C. Job Responsibilities

The OT/PT is an employee of the Child and Youth Board of Washington County, Inc. with direct responsibility to the Washington County Children's Program. Specific job duties are as follows:

1. Evaluation Treatment

a. Evaluation of children with neurological and orthopedic disorders. This includes children:

i. being seen by home teachers

ii. attending school in contracted districts

iii. followed under neuromotor screening

b. Direct treatment to children where deemed appropriate.

c. Consultation to home teachers, school personnel, parents and others regarding therapy programs and goals for children.

d. Provide regular periodic reports on all children.

e. Attend medical conferences, school P.E.T. meetings as appropriate.

2. Inservice Education/Program Planning

a. Periodically provide and participate in educational workshops for WCCP staff, parents and other service providers throughout the county.

b. Attend scheduled staff meetings, team conferences, etc.

c. Assist project director in program development, planning, training, program evaluation, proposal preparation, coordination with other agencies, publicity and public relations.

d. Assume additional individual job responsibilities as deemed reasonable and appropriate by yourself and the project director/program coordinator.

e. Maintain client and agency confidentiality.

Job Title: Secretary/Receptionist

The secretary/receptionist is an employee of the Child and Youth Board of Washington County and will perform secretarial functions for programs which are operated by the Board or with which the Board has agreements. Responsibilities will include:

- typing correspondence, reports, proposals, minutes, forms and other written materials which generate from the Board, its programs or programs with which it has agreements, unless such typing has been delegated to other persons.

- answering the telephone, providing information to inquiries and taking complete messages. Other persons who are in the office can be expected to assist with this responsibility when the office is particularly busy.

- handling the mail for the Board, its programs or programs with which it has agreements. This includes picking up and delivering mail to the post office. This also includes the overall responsibility for any large mailings (newsletters, informational materials, etc.) which the Board or its programs may send out, unless such mailings have been delegated to another person. Such mailings will be coordinated between the secretary and the appropriate Board officer, director, program director or employee.

  Mailing lists and mailing labels are necessary for these mailings and it is the responsibility of the secretary to maintain these lists and labels. It is the responsibility of the Board officers, directors, program directors and employees to provide up-dated information to the secretary so these lists and labels can be current.

- serving as a receptionist to persons who may come into the office. This includes providing information about the Board or its programs and/or directing people to appropriate staff members. It is assumed that when other Board officers, directors or program employees are in the office they will also talk with and answer questions of the general public who may come into the office.

- running off necessary forms for the Board or its programs and maintaining original stencils and/or spirit masters in order to replenish supplies of forms when they run out.

- keeping track of office supplies which need to be ordered and serving as the contact person with the various suppliers. This duty implies periodic discussion between the secretary and directors of Board programs in order to determine what supplies are needed. Such discussions may be initiated by either the secretary or the program director or program employee.

- working in close cooperation with the bookkeeper/office assistant as these two persons will be the two people most consistently in the office. It is expected that these two persons will come to each other's aid at those times when either of their work loads are particularly heavy.

- completing other such duties as may from time to time be assigned by the Board President, other officer or program directors.

Job Title: Bookkeeper/Office Assistant

The bookkeeper/office assistant is an employee for the Child and Youth Board of Washington County and will perform bookkeeping functions for the Board and the programs operated by the Board and other office-related jobs which will help to ensure the efficient functioning of the Board and its programs. Responsibilities will include:

- maintaining accurate and up-to-date financial records of the Board's programs. Consultation will be available from the Board's accountant and questions should be put to the accountant as soon as they arise for quick resolution of any problems.

- completing a financial accounting of the Board's activities at the end of each month. Such accountings shall be provided to the Board President and to the Board's program directors.

- preparing a monthly financial statement and going over it with the Board Treasurer so it can be presented at the monthly meetings of the Board.

- collecting necessary information from Board employees in order to determine the services which have been provided by Board programs.

- billing the appropriate departments, agencies, schools, individuals, etc. for services which have been rendered by Board programs.

- preparing payrolls every two weeks and paying all other bills which are the responsibility of the Board and/or its programs.

- working with the Board officers and its program directors in the preparation of projected annual budgets and helping to prepare alternate budget plans.

- maintaining the on-going contacts with the financial personnel in the various departments, agencies, schools, etc. from which the Board receives funds.

- assisting staff members of Board programs in whatever ways are possible. Activities might include, but are not limited to: making materials needed by staff in their jobs, running off materials on office machines, telephoning, assisting with typing, assisting with mailings or proposal preparations, maintaining the office (including the window), maintaining historical/publicity materials of Board programs, soliciting support from community members, and other such duties as may from time to time be assigned by the Board President, other officer or program directors.

- working in close cooperation with the secretary/receptionist. As these two persons will be the two people most consistently in the office, it is expected that these two persons will come to each other's aid at those times when either of their work loads are particularly heavy.

SECTION V

Direct Services

Service Plan

Washington County Children's Program
P.O. Box 311
80 Main Street
Machias, Maine 04654
255-3426

The Washington County Children's Program is a home-based Program providing services to handicapped and developmentally delayed pre-school age children. Believing that parents are partially a child's best teacher, our home teachers focus on teaching parents to teach children. An occupational therapist and speech therapist are available for assessment and consultation. Play Group/ Mothers' Groups are often provided to help children with their social and language skills and give mothers a chance to share their concerns and to focus on their needs. Our program works with many language delayed children. We believe that relaxed peer interaction is the best atmosphere for stimulating language. Along with our home visits, we place these children in structured group situations.

The following description presents the elements of the service in chronological order beginning with the initial referral and continuing through contacts with the family until the service is withdrawn.

Referral

-Referrals are received by letter, telephone or visit from a wide range of sources, including Public Health Nurses, Physicians, preschool teachers, parents, and social service agencies.

-A referral form is provided by WCCP to referring professionals and agencies.

-The program requests that the referral source discuss our services with the family and give them a brochure.

First Contact With Family

WCCP sends a letter to all referred persons specifying when they can expect to be visited and giving them the name of the person who will visit.

Initial Visits To Family

-A WCCP Home Teacher or therapist will further explain our services.

-A screening instrument (usually the Comprehensive Identification Process) is used to determine the areas in which the child's development is delayed.

-Parents complete a parent interview form - giving child's medical history and, parents impressions of the child's development.

-If it is determined that the child needs our services the parents are asked to sign a contract, agreeing to participate in our Program.

Subsequent Home Visits

-The Home Teacher assesses the child's development, using the Brigance Inventory of Early Development, in the areas in which the child is delayed.

-If the child is delayed in physical, speech, or language development the appropriate therapist visits the family and makes recommendations to the family and Home Teacher.

-Based on the assessment results, therapy visits and parents goals, the Home Teacher writes a program plan.

-The Home Teacher's visits are usually weekly. Frequency of visits depends on the child's needs and whether or not they are in a group. During these visits they demonstrate activities designed to help the child progress toward goals specified in the program plan. Parents are expected to carryout these activities during the week. Our library loans books and materials to families when they are needed.

-During the time the Home Teaher works with the family they provide whatever encouragement and support is necessary to meet all of the child's needs. Placing children in Play Groups or nursery schools is a goal with all children old enough.

-Home Teacher maintains contact with other service agencies or individuals involved with the family.

-Services are concluded when we feel the child is functioning within the range of normal.

WASHINGTON COUNTY CHILDREN'S PROGRAM

Infant Program

The WCCP Infant Program is a divergence from our usual model. To date our emphasis has been on the parent-as-teacher. This model emphasizes changing the parent's role into that of a teacher who teaches specific skills to the child based on a continuum of sequencial developmental skills.

The model we will utilize in the Infant Program emphasizes helping the parent gain confidence and competence in her parenting role. The Home Advisor will work with the parent to help her become more sensitive and responsive to the infant's cues and provide a social and physical environment that encourages the child's development. Parenting behaviors can have a major influence on the child s development. Therefore our focus will be on helping the parent learn and integrate behaviors which will foster the child's growth.

A family will be eligible to participate in the Infant Program if two or more of the following conditions exist. The single essential requirement in all cases is that the family is interested in participating in the Program.

1. Home environment lacking stimulation.
2. "Failure to thrive" infants.
3. Maternal education equal to or less than 10th grade.
4. Mother has a developmental disability.
5. Maternal age below 18 or over 35.
6. Poor maternal/infant attachment as determined by hospital and/or M.I.C. staff.
7. Low birthweight of infant if related to prenatal nutrition and mother's attitude towards self and pregnancy.
8. Delay evident in older siblings through any combination of factors listed above.
9. Child is between 0 and 2 years of age.

The Home Advisor will offer weekly home visiting services to these families and will organize small, local groups for parents. The focus of these visits and groups will be mother-infant activities, important environmental factors, developmental stages and behaviors, health, medical, nutritional information, parenting skills, esteem building activities, and emotional support for families.

GUIDELINES FOR HOME VISITS

1. The child should have sufficient rest before beginning the activities. If possible the child should be at his "best" physically.

2. If possible, the mother should perform any routine care, such as, bathing and feeding, before the home advisor's arrival.

3. Distractions such as radio, television, and record player are discouraged during the activities.

4. A suggestion for "no visitors" provides adequate and favorable atmosphere for the mother and the home advisor to interact with the child.

5. When possible, in-coming telephone calls should be shortened or limited.

6. During the home visit the child should have the opportunity to move, explore and examine the environment.

7. The mother should feel free to make suggestions and ask questions about activities, assignments, and the program in general.

8. Appropriate materials and activities may be provided for older siblings and other children in the home.

9. The mother should notify the home advisor in the event: change of address or telephone number, illness of mother or child, and other reasons for rescheduling or cancellation.

10. The home advisor will try to reschedule home visits within the week to maintain the continuity of the program, whenever possible.

11. Scheduling home visits for the same day of the week and same time of day will help establish the pattern for the home visits.

Home Visit Related Duties

1. Referral - received by Coordinator

2. Initial contact - letter or phone call from Coordinator
   a. acknowledges receipt of referral
   b. specifies who will visit
   c. specifies when they can expect to hear from this person
   d. copy goes to referral source

3. Initial Visits
   a. gives further explanation
   b. do screening

4. Case Conferences - discuss case with Coordinator after screening is complete. Determine families needs.

5. Next Visits
   a. have parents sign contract and permissions
   b. do assessment
   c. determine what parent goals for child are

6. Between Visits
   a. write program plan
   b. arrange for other necessary services i.e. medical, nursery school, therapy visits

7. Subsequent Visits
   a. carry out program plan
   b. reassess in January and May
   c. maintain and work to increase parent involvement in the program

8. <u>Between Subsequent Visits</u>
   a. arrange for other needed services
   b. write new program plan in January
   c. write mid-year and year-end reports
   d. arrange for case conferences with Coordinator when Home Teacher feels the need
   e. participate in a minimum of one case review each year with all agencies involved with home teacher's family
   f. consult with Nursery School teacher when there is one involved

A RURAL
HOME-BASED
PROGRAM

Date _____

REFERRAL FORM

Washington County Children's Program
and
Special Needs Preschool Services

Name _____

Date of Birth _____ Age ___

Sex _____ School District _____

Name of Parent or Guardian _____

Address _____, _____ Phone _____
Street Town

Number of Siblings _____ Ages _____

Referring Individual or Agency _____

Diagnosis or Description of Problem _____

_____

_____

What Evaluations Have Been Done? _____

_____

What WCCP/SNPS Services are needed? Evaluations___; Home Advisor___; Physical Therapy___; Occupational Therapy___; Speech Therapy___; Preschool Coordination___; Hearing Screening___; Referral Services___; Nursery School or Play Group Placement___. (Check One or More)

Have the parents been notified and given their permission for this referral?

_____

If not, please explain _____

_____

Directions to home (please use back page if necessary)

Washington County Children's Program
A PROGRAM FOR YOUNG CHILDREN WITH SPECIAL NEEDS
Sponsored by the Child and Youth Board of Washington County
Telephone 207/255-3426 Post Office Box 311 80 Main Street, Machias, Maine 04654

INFORMATION SHEET

Child's Name: _____

DOB: _____

Parent's Name: _____

Mailing Address: _____

_____

Phone Number: _____

Directions to house:

Referral Source: _____

Family Doctor: _____ Phone: _____

Other services child is now receiving:

Diagnosis, if any:

Description of problem:

Medical Contraindications:

Allergies:

School District:

Comments:

WASHINGTON COUNTY CHILDREN'S PROGRAM
APPLICANT'S HISTORY

Name:_____ D.O.B._____ Age_____

Sex:_____ Foster Child/Adopted_____

Legal Address:_____

_____

Mailing Address:_____

_____

- Family -

Mother's Name:_____ Age_____

Address:_____ Phone_____

Place of Employment_____ Phone_____

Father's Name:_____ Age_____

Address:_____ Phone_____

Place of Employment_____ Phone_____

Brothers and sisters in order of birth:

Name	Age	Date of Birth	Problems

- Health Information -

Child's Physician:_____

Date of last medical exam:_____

List any medications child is presently taking and any side effects you have observed:_____

_____

Are immunizations up to date? _____

What illnesses/problems have required your child to see the doctor?

_____

_____

_____

Hospitalizations/Emergency room care: (List dates, hospital, and reason for visit): _____

_____

_____

_____

Has your child ever had a hearing test? _____

By whom? _____

When? _____

How? _____

Findings and recommendations:

_____

_____

Has your child ever had a vision test? _____

By whom? _____

When? _____

How? _____

Findings and recommendations:

_____

_____

Has your child ever had any other special tests? _____

By whom? _____

When? _____

How? _____

Findings and recommendations:

_____

_____

Has anyone in your family ever had a health or educational problem?

	Yes	No	If yes, who?
Hearing loss	___	___	_____
Vision loss	___	___	_____
Learning problem in school	___	___	_____
Other	___	___	_____

Please explain: _____

_____

- Prenatal Development and Birth -

Did mother receive prenatal care? _____ Doctor _____

Did she take medication? _____ What? _____

Did she experience trauma? _____

Were any high risk factors involved? (drugs, alcohol, cigarettes) _____

_____

Did she have an x-ray? _____ When? _____

Of what? _____

Was baby full term? _____

What was baby's weight? _____

Were there any problems or concerns at birth? _____

_____

Were there any problems or concerns during first month? _____

_____

_____

Infant Screening Parent Interview

Date of Interview/Screening_____

Child's Name_____ DOB:_____

Parent/Caregiver_____Relationship to Child

_____

Address_____ Phone_____

Could you describe an average day's schedule for this child? (Wake up time - sample breakfast - nap times - lunch - snacks - supper - awake periods - bedtime - etc.)

What does this child especially like? (toys, food, activity, persons, etc.)

What does this child especially dislike?

What concerns or questions do you have about this child?

Would you like suggestions for caring for your baby and ways to stimulate healthy development? In what areas?

Washington County Children's Program

Infant Program

Name of Child _____ D.O.B. _____

Name of Parent(s) _____

Address _____

_____ Phone _____

Age of Parent(s) _____ Grade Completed _____

Family Structure _____

Siblings (Name and Age) _____

Age of child when first seen _____

Screening - instrument _____

date administered _____

area(s) of delay _____

degree of delay _____

Assessment - instrument _____

date administered _____

area(s) of delay _____

degree of delay _____

Parental Assessment - instrument _____

date administered _____

problem area(s) _____

severity of problem(s) _____

Primary Goals for Parent:

Primary Goals for Child:

Receptivity of Parent:

Other Comments:

Parent/Advisor Contract

The Advisor will:

1. be clear about the time she is coming and be on time.
2. come well prepared and with appropriate materials for visit.
3. notify parent in advance if she cannot keep the appointment for the visit.
4. screen, assess, and arrange for other specialized evaluations when needed.
5. help parent plan and practice activities to meet child's needs.
6. keep information confidential and shared only with written permission.

sign _____

date _____

The Parent will:

1. be at home and ready for the visit.
2. let the Home Advisor know if they have to cancel a visit. Leave a note if they are unable to reach the Advisor by phone.
3. participate in planning the activities for their child.
4. be aware of their child's presence when they are discussing their concerns about him or her.
5. follow through on the plans they make with their Home Advisor.

sign _____

date _____

Name _____ Date _____

The following goals, objectives and activities were written by _____.

Goal Date	Date Achieved

EARLY INTERVENTION PROGRAM

Home Visit Report

Child/Parent _____ Date _____ Home Advisor _____

GOALS FOR VISIT

OBJECTIVES

PARENT INTERESTS DISCUSSED

ACTIVITIES

SUMMARY

WCCP Referral/Permission for Special Services

Child's Name_____ DOB:_____

Parents Name_____ Address_____

Phone #_____ School District_____

I give permission for my child _____ to receive a developmental and/or neuromotor screening from a member of the Washington County Children's Program staff.

Signed_____

Relationship to Child_____

Date_____

As a result of the above screening, it does ___ does not ___ appear that this child needs more comprehensive evaluations and services.

Screener_____

I give permission for my child _____ to receive comprehensive evaluations by Washington County Children's Program staff, or specialists contracted for by the Special Needs Preschool Program. These will include one or more of the following: Home Advisor, Speech Therapist, Occupational Therapist, Psychologist, Educational Consultant or _____ _____.*

Signed_____

Relationship to Child_____

Date_____

*I understand it is my right to be fully informed of what evaluations will be used with my child, and to receive copies of evaluation reports. It is also my right to request other evaluations for my child and to meet with evaluators to have the results explained to me.

A RURAL
HOME-BASED
PROGRAM

Dear

We have been asked to evaluate _____ development, by _____. We will be having a clinic on _____ at _____. _____. The clinic will be held at _____ _____. We would like you to attend.

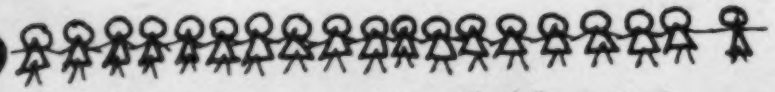
This will be an opportunity to see how your baby is doing and get some ideas of ways to help your baby grow.

Please let us know if you can not make it. Thank you.

Sincerely,

Ingrid Chalufour
Program Coordinator

cc:



Washington County Children's Program
A PROGRAM FOR YOUNG CHILDREN WITH SPECIAL NEEDS
Sponsored by the Child and Youth Board of Washington County
Telephone 207/255-3426 Post Office Box 311 80 Main Street, Machias, Maine 04654

Washington County Children's Program IEP
(Individual Educational Plan)

Child's Name _____ D.O.B._____

Present Level of Performance (Communication, Motor Development, Pre-Academic, Social/Self-Help, Emotional, Health, Vision, Hearing, etc.)

Strengths	Weaknesses

Evaluative Instruments Used:	By Whom	Date Administered

Recommended Program(s)	Provider(s) of Services	Expected Duration of Service

Date of Review of IEP _____ IEP Coordinator _____

Child's Name_____

DOB:_____

Town_____

WCCP/WCPP Procedural Status Sheet

	Date	By Whom	Instrument
Referral received:			
Initial Visit:			
Screening:			
Assessment:			
(Include Evaluation and Resource Person Involvement)			

Agency Involvement:	Agency	Worker

Present Program: (who sees, how frequently)

Medication:

WASHINGTON COUNTY CHILDREN'S PROGRAM

Mid-Year Program Report

Date_____

Name_____ DOB:_____ C...._____

Parents_____

Address_____

Referral Source_____ Physician_____

Total Home Visits_____ Preschool Visits_____

PET Date_____

Resource People Involved:

Description of Problem:

Screening and Assessment Results:

Goals Accomplished since September:

WASHINGTON COUNTY CHILDREN'S PROGRAM

Year End Report

Name_____ DOB:_____ CA_____ Date_____

Parents_____

Address_____

Referral Source_____Physician_____

Total Home Visits_____ Preschool Visits_____

PET (or Pre-PET Date_____

Description of Problem:

Resource People Involved:

Screening and Assessments: Date

_____ _____

_____ _____

_____ _____

_____ _____

_____ _____

Brigance Assessment Results:

I give my permission for _____

to receive a copy of the progress report on my child prepared by

_____, Home Advisor.

Parent Signature _____

Date_____

AUTHORIZATION FOR RELEASE OF CONFIDENTIAL INFORMATION

I hereby authorize the Washington County Children's Program, to provide information/records, concerning my child_____

to _____, with the understanding that such information will be used only for providing appropriate services to my child, and will remain confidential in nature.

Signature: _____

Address: _____

_____

Date: _____

PICTURE RELEASE FORM

☐ I hereby give permission to the Washington County Children's Program to use photographs of my child(ren) or other family members in pamphlets, booklets, brochures, instructional materials, newspaper articles or other printed materials which they may develop for use by the program.

Front View_____
Back View Only_____

☐ I hereby give permission for the WCCP to take and use photographs of my child for the purpose of recordkeeping only.

☐ I do not give permission for my child to be photographed by staff members of WCCP

Signed_____

Date_____

WASHINGTON COUNTY CHILDREN'S PROGRAM

CAR SEAT RENTAL AGREEMENT

I HEREBY AGREE TO LEASE ONE CAR SEAT FOR A PERIOD NOT EXCEEDING TWELVE MONTHS FOR A DEPOSIT OF TWENTY DOLLARS. This includes one dollar per month rental fee. If the seat is returned clean, on time and in good condition, the lessee will be re-imbursed the difference between the monthly rental fee and the twenty dollar deposit. If the seat is dirty, late or in poor condition, additional funds will be withheld.

It is expressly understood and agreed by the lessee that the rental service provided by the Washington County Children's Program is done as a public service in the interest of safety and that the Washington County Children's Program is not a dealer in this type of goods, and makes no warranty express or implied as to the fitness of said seat.

The undersigned further agrees to forever refrain from instituting, pressing, or in any way aid in claim, demand, action, or cause of action against the Washington County Children's Program or any member thereof, for any damages, costs, loss of services, expenses or compensation for, on account of, or in any way growing out of, or which hereafter may grow out of the use of the said seat by lessee.

This agreement is binding on any heir, successors, or assigns.

Signature of lessee	Date Taken	Date Due
Address	Phone	$ Amount Paid
Seat	Condition of Seat	

Washington County Children's Program

CLOSURE SHEET

Enrollment Date _____

Date _____

Name _____ DOB: _____

Parents _____ Home Advisor _____

Address _____ Referral Source _____

Total Home Visits _____ School or Preschool Visits _____

Resource People Involved:

Agency Involvement:

Reason For Closure:

Referral to other Agency:

Date Referral Made:

SECTION VI

Financial

Month of

Total Due

Total Mileage

Miscellaneous Expense

Date	From	To	Miles	Amount	Home Visits	Play Group/ Preschool	Training	Case Conf	Staff Meeting	Other		COMMENTS

Name_____ Month of_____

Total Mileage_____ Total Due_____

Date	From	To	Miles	Amount	Travel	Staff Mtgs.	Training	Telephone	Writing: Corresp.	Writing: Proposals	Writing: Other	Meetings: Board	Meetings: Case Conf.	Meetings: Pub. Ed. Pub. Rel. Funding	Meetings: Planning/ Coord.	Misc.	Total

PHONE LOG

DATE	LOCATION	TIME	NOTE